



U.S. Department  
of Transportation

National Highway  
Traffic Safety  
Administration

400 Seventh Street, S.W.  
Washington, D.C. 20590

Dear Crash Data Researchers/Users:

Thank you for choosing crash data from the National Highway Traffic Safety Administration (NHTSA) for your research or other use. The information contained in this motor vehicle crash report is collected, maintained and distributed in accordance with Public Law 89-564. In accordance with this Public Law, NHTSA is required not to release any case information until completion of quality control procedures. These procedures include a review of the case material to extract all names, licenses and registration numbers, non-coded interview material, non-research related researcher comments in the margins, non-factual data, and the production number portion of the vehicle identification number (VIN).

If you requested NHTSA to query its database files in order to identify a specific crash, then that query was made using non-personal descriptors you provided for use in our search. This motor vehicle crash may have been identified from a data search and matches the general, non-personal descriptors you provided, but we cannot confirm that this is the specific crash report you requested.

If you have any questions with regard to the above procedures, please contact the Field Operations Branch, Crash Investigation Division, National Center for Statistics and Analysis at 202-366-4820. Again, please be advised that we cannot confirm that this is the case that you have specifically requested nor can we certify the information to be correct.

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AUTO SAFETY HOTLINE  
(800) 424-9393  
Wash. D.C. Area 366-0123

## SUMMARY OF CASE

PSU NO./CASE NO. SB 1015BMONTH/YEAR OF ACCIDENT 86**dsi**

## VEHICLE PROFILES

NO.	TYPE	YEAR	MAKE	MODEL	DAMAGE
V <sub>1</sub>	Pass car	83	Ply	Taurus 2d	Front
V <sub>2</sub>	Pass car	82	Ford	Escort 2d.	Rear

## PERSON PROFILES

ROLE	RESTRAINT USE	VIOLATIONS CHARGED	MAXIMUM INJURY		
			AIS	BODY AREA	NATURE
V <sub>1</sub> D <sub>1</sub>	Shoulder belt	None		None	
O <sub>2</sub>	Shoulder belt	"		None	
V <sub>2</sub> D <sub>2</sub>	None	None	1	Head+face	Lac
O <sub>2</sub>	"		2	Head	Concussion
O <sub>3</sub>	None		1	Face	Lac+fr tooth

## NARRATIVE DESCRIPTION OF THE ACCIDENT (paths of vehicles, location and nature of collision(s), post-crash trajectories and other factors)

Unit 1 and Unit 2 were both Northbound on [REDACTED]. Unit 1 was behind Unit 2. Unit 2 had slowed and was making a left turn onto the [REDACTED]. Unit 1 was attempting to pass Unit 2. When Driver 1 saw Unit 2 turning, he skidded, hitting Unit 2 in the Southbound lane of Highway [REDACTED].



## **Accident Collision Measurement Table**

## Primary Sampling Unit Number

83

Reference Point: RP Mail box east side  
1' 8" East Shoulder

**Case Number**

15B

Reference Line: East side of Rd W.L



NCI

PSU No.

58

Case Number

015-B

### ACCIDENT COLLISION DIAGRAM

Indicate



North

E

Delete Street Names After Case Review

← 8.1' ← 11.9' ← 12.2' ← 9.2' →

R P  
mail box

## National Accident Sampling System – Continuous Sampling Subsystem: Vehicle Data

## FIELD MEASUREMENTS

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Complete When Applicable	
End Damage	Side Damage
Undeformed end width <u>60</u>	Bowing: B1 _____ X1 _____
Corner shift: A1 _____	B2 _____ X2 _____
A2 _____	Bowing constant
End shift at frame (CDC) (check one)	$\frac{X_1 + X_2}{2} =$ _____
<4 inches _____	
≥4 inches _____	

Note: Measure C1 to C6 from Driver to Passenger side in Front or Rear impacts–  
Rear to Front in Side impacts.

Specific Impact Number	Plane* of C-Measurements	Direct Damage		Field L**	C <sub>1</sub>	C <sub>2</sub>	C <sub>3</sub>	C <sub>4</sub>	C <sub>5</sub>	C <sub>6</sub>	±D
		Width** (CDC)	Max*** Crush								
1	Bumper	57.5	C 1	57.5	8.3	7.5	6.5	6.5	7.5	7	X
					1.5	1	.3	.3	1	1.5	
					6.8	6.5	6.2	6.2	6.5	5.5	

\*Identify the plane at which the C-measurements are taken (e.g., at bumper, above bumper, at sill, above sill, at beltline, etc.) or label adjustments (e.g., free space).

Free space value is defined as the distance between the baseline and the original body contour taken at the individual C locations. This may include the following: bumper lead, bumper taper, side protrusion, side taper, etc. Record the value for each C-measurement and maximum crush.

\*\*Measure and document on the vehicle diagram the beginning or end of the direct damage width and field L (e.g., side damage with respect to undamaged axle.)

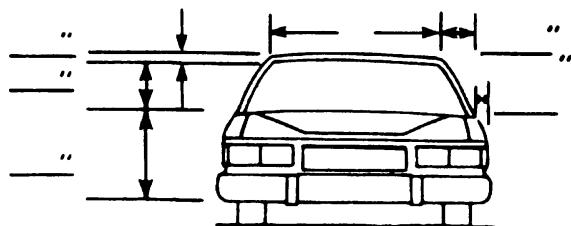
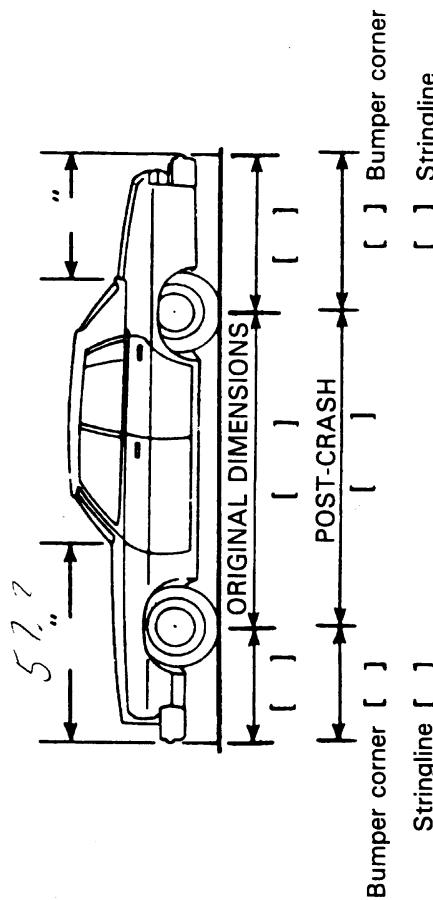
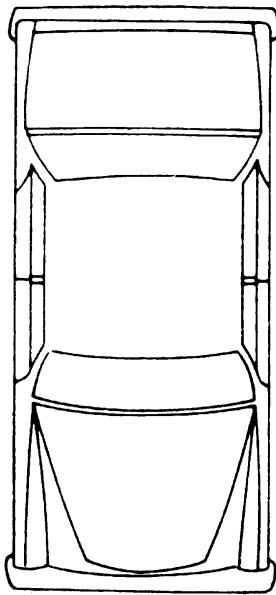
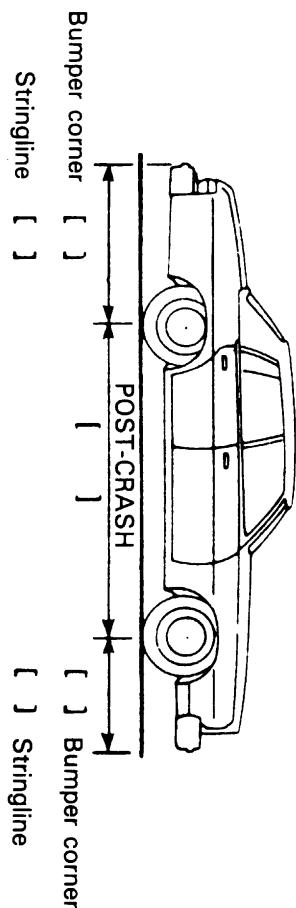
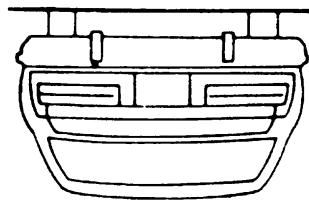
\*\*\*Measure and document on the vehicle diagram the location of the maximum crush.

Note: Use as many lines/columns as necessary to describe each damage profile.



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DAMAGE DESCRIPTION		TYPE OF TRANSMISSION	WHEEL STEER ANGLES (For locked front wheels or displaced rear axles only)
Tire – Wheel Damage		<input type="checkbox"/> Manual <input type="checkbox"/> Automatic	
a. Rotation physically restricted		Average Track: _____	RF $\pm$ _____ °
RF _____	RF _____	Maximum Width: _____	LF $\pm$ _____ °
LF _____	LF _____	Curb Weight: _____	RR $\pm$ _____ °
RR _____	RR _____	Overall Length: _____	LR $\pm$ _____ °
LR _____	LR _____	Wheel Base: _____	Within $\pm 5$ degrees
(1) Yes, (2) No, (8) NA, (9) Unk.		Engine Size: cyl. _____ displ. _____	



Note: Sketch new perimeter and cross hatch direct damage and single hatch induced damage on all views. Annotate observations which might be useful in reconstructing the accident (e.g., grass in tire bead, direction of striations, scuff on sidewall, etc.).

If pulling trailer sketch type of trailer and damage received on the back of this page.

Annotate any damage caused by extrication such as component removal by torching, prying or hydraulic shears.

If the vehicle contacted a pedestrian, complete page 6R.

NATIONAL ACCIDENT SAMPLING SYSTEM—CONTINUOUS SAMPLING SUBSYSTEM  
VEHICLE

Page 6D

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## DAMAGE DESCRIPTION

Tire—Wheel Damage

a. Rotation physically restricted

RF 2  
LF 2  
RR 0  
LR 0

b. Tire deflated

RF 2  
LF 2  
RR 0  
LR 0

(1) Yes, (2) No, (8) NA, (9) Unk.

## TYPE OF TRANSMISSION

Manual  Automatic Average Track: 55.9Maximum Width: 66.7Curb Weight: 2258Overall Length: 173.7Wheel Base: 96.6Engine Size: cyl. 4  
displ. 1.7

## WHEEL STEER ANGLES

(For locked front wheels or displaced rear axles only)

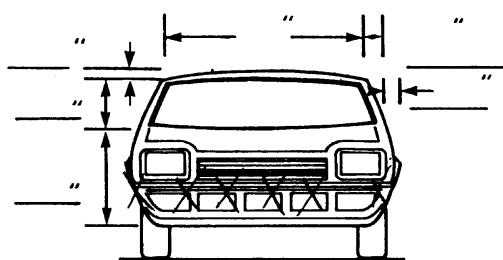
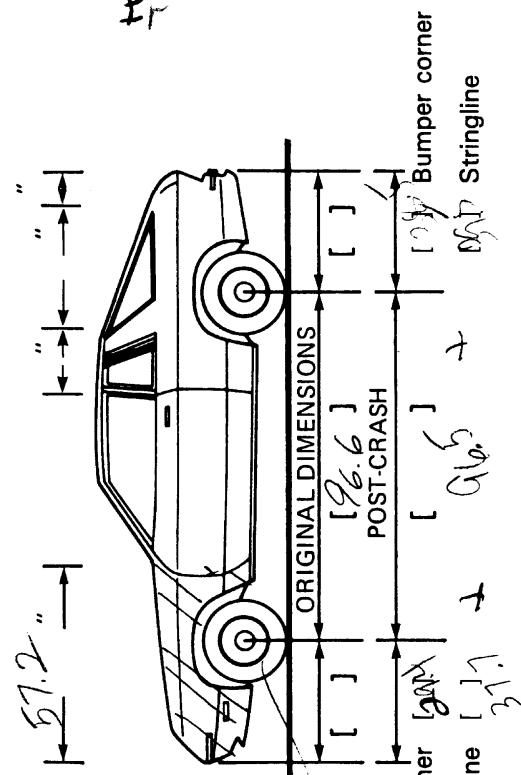
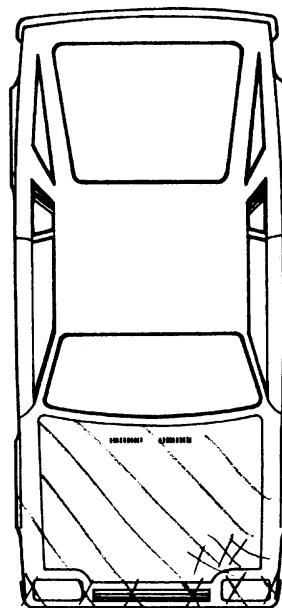
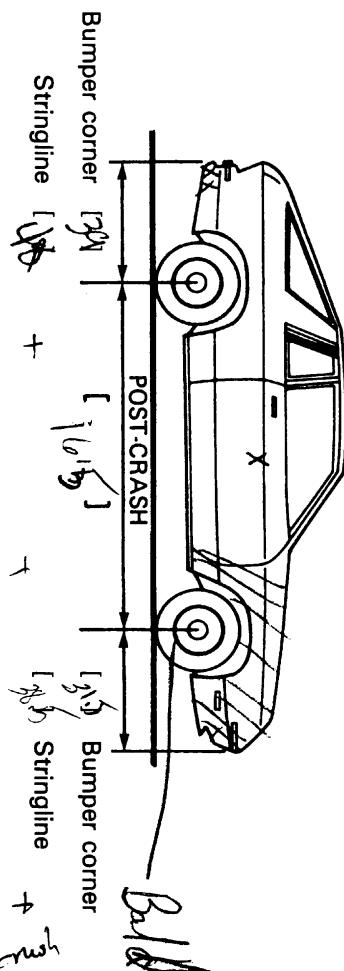
RF  $\pm$  \_\_\_\_\_ °LF  $\pm$  \_\_\_\_\_ °RR  $\pm$  \_\_\_\_\_ °LR  $\pm$  \_\_\_\_\_ °Within  $\pm$  5 degrees

N/A

55.6

are touch?

F



Note: Sketch new perimeter and cross hatch direct damage and single hatch induced damage on all views. Annotate observations which might be useful in reconstructing the accident (e.g., grass in tire bead, direction of striations, scuff on sidewall, etc.) If pulling trailer sketch type of trailer and damage received on the back of this page. Annotate any damage caused by extrication such as component removal by torching, prying or hydraulic shears. If the vehicle contacted a pedestrian, complete page 6R.

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**OBJECT CONTACTED**

- (00) Noncollision  
(01) through (30)  
If the object contacted by the vehicle under consideration

If the object contacted by the vehicle under consideration was a motor vehicle in transport, code the Vehicle Number assigned to that vehicle.

**Collision with Stationary Object**

- Collision with Stationary Object**

  - (31) Motor vehicle not in transport\*
  - (32) Tree (<6 inches in diameter)
  - (33) Tree (>6 inches in diameter)

### **(55) Tree (50 inches in dia Highway/Traffic Supports**

- Highway/Traffic Supports
  - (34) Luminaire - breakaway
  - (35) Luminaire - nonbreakaway
  - (36) Large sign - breakaway
  - (37) Large sign - nonbreakaway
  - (38) Small sign - breakaway
  - (39) Small sign - nonbreakaway

(40) Utility rule

- (40) Utility pole
  - (41) Traffic signal pole
  - (42) Delineator
  - (43) Other post, pole or support

(43) Other post, pole or  
(specify):

- (44) Fence  
(45) Mail box  
(46) Other movable object (specify): \_\_\_\_\_

(48) Other

- (47) Culver

(47) Culvert  
(48) Railroad tracks

- (48) Railroad tracks
  - (49) Curb
  - (50) Abutment
  - (51) Wall (stone, rock, metal, etc.)
  - (52) Embankment - earth
  - (53) Embankment - rock, stone or concrete
  - (54) Building, rigid
  - (55) Building, nonrigid
  - (56) Bridge pier or abutment

- (57) Bridge rail
  - (58) Bridge parapet end
  - (59) Guardrail - bridge rail transition
  - (60) Guardrail end (non-median)
  - (61) Guardrail end (median)
  - (62) Guardrail (non-median)
  - (63) Guardrail (median)
  - (64) Concrete barrier (non-median)
  - (65) Concrete barrier (median)
  - (66) Other median barrier (specify):

- (67) Other longitudinal barrier  
(non-median) (specify):

- (68) Impact attenuator/Crash cushion
  - (69) Ground
  - (70) Train
  - (71) Ditch
  - (72) Other stationary/fixed object  
(specify):

## **Collision with Nonstationary Objects**

- Collision with Nonstationary Objects**

  - (73) Animal
  - (74) Trailer, disconnected in transport
  - (75) Train
  - (76) Other nonstationary objects (specify)

- (81) through (95)  
If the object contacted by the vehicle under consideration was pedestrian or nonmotorist, add eighty (80) to the assigned Pedestrian & Nonmotorist Number, and code the resultant sum.

- (96) Vehicle occupant  
 (97) Other object (specify)

- (99) Unknown

**\*NOTE:** For coding CDC or TDC investigators must refer to appropriate reference documents for accurate coding. If this vehicle impacted a vehicle not in transport, fill in the information for that vehicle at the end of the CRASH Program Summary.

## DEFORMATION CLASSIFICATION BY EVENT NUMBER

$$5 \sqrt{57.2}$$

6.8

Event Number (this vehicle)	Object Contacted	(1) (2) Direction of Force (degrees)	Incremental Value of Shift	(3) Deformation Location	(4) Specific Longitudinal or Lateral Location	(5) Specific Vertical or Lateral Location	(6) Type of Damage Distribution	(19) Deformation Extent Guide	Event Number (in accident)
1	Ø 2	360	Ø Ø	F	D	E	w	Ø 1	1
2	— —	— — —	— —	—	—	—	—	— —	—
3	— —	— — —	— —	—	—	—	—	— —	—
4	— —	— — —	— —	—	—	—	—	— —	—
5	— —	— — —	— —	—	—	—	—	— —	—
6	— —	— — —	— —	—	—	—	—	— —	—
7	— —	— — —	— —	—	—	—	—	— —	—

## National Accident Sampling System — Continuous Sampling Subsystem: Vehicle Data

RESTRAINT SYSTEM		Front Seat: Left	Front Seat: Middle	Front Seat: Right	Second Seat: Left	Second Seat: Middle	Second Seat: Right	Third Seat: Left	Third Seat: Middle	Third Seat: Right	Other Position or Unit*
MANUAL	Avail-ability	3	—	3	2	—	2	—	—	—	—
	Indication of Usage	3	—	3	2	—	2	—	—	—	—
AUTO-MATIC	Avail-ability	0	—	—	—	—	—	—	—	—	—
	Function	0	—	—	—	—	—	—	—	—	—
Manual Restraint System -Availability-			Manual Restraint System -Indication of Usage-			Automatic (Passive) Restraint System -Availability-			Automatic (Passive) Restraint System -Function-		
<input type="checkbox"/> (0) None available <input type="checkbox"/> (1) Shoulder belt <input type="checkbox"/> (2) Lap belt <input type="checkbox"/> (3) Lap and shoulder belt <input type="checkbox"/> (4) Motorcycle helmet <input type="checkbox"/> (5) Child safety seat (designed without tether or unknown design) <input type="checkbox"/> (6) Child safety seat (designed with tether - tether not used) (specify): _____ <input type="checkbox"/> (7) Child safety seat (designed with tether - tether used) <input type="checkbox"/> (8) Restraint available - type unknown or other (specify): _____ <input type="checkbox"/> (9) Unknown			<input type="checkbox"/> (0) None used <input type="checkbox"/> (1) Shoulder belt <input type="checkbox"/> (2) Lap belt <input type="checkbox"/> (3) Lap and shoulder belt <input type="checkbox"/> (4) Motorcycle helmet <input type="checkbox"/> (5) Child safety seat - car lap belt used properly <input type="checkbox"/> (6) Child safety seat - car lap belt used improperly (specify): _____ <input type="checkbox"/> (7) Child safety seat - unknown if car lap belt used properly <input type="checkbox"/> (8) Restraint used - type unknown or other (specify): _____ <input type="checkbox"/> (9) Unknown			<input type="checkbox"/> (0) Not equipped <input type="checkbox"/> (1) Airbag <input type="checkbox"/> (2) Airbag disconnected <input type="checkbox"/> (3) Airbag not reinstalled <input type="checkbox"/> (4) Two point automatic belts <input type="checkbox"/> (5) Three point automatic belts <input type="checkbox"/> (6) Automatic belts destroyed or rendered inoperable <input type="checkbox"/> (9) Unknown			<input type="checkbox"/> (0) Not equipped <input type="checkbox"/> (1) Automatic belt in use <input type="checkbox"/> (2) Automatic belt not in use <input type="checkbox"/> (3) Deployed airbag <input type="checkbox"/> (4) Non-deployed airbag <input type="checkbox"/> (9) Unknown		
Infant or Child Seat Orientation ____ (0) No infant or child seat ____ (1) Rear facing ____ (2) Forward facing ____ (7) Other orientation (specify): _____ ____ (8) Unknown orientation ____ (9) Unknown if restraint available											
Infant or Child Restraint Harness/Shield Usage ____ (0) No infant or child restraint ____ (1) Harness/shield used ____ (2) Harness/shield not used ____ (8) Unknown harness/shield usage ____ (9) Unknown if restraint available											
*Specify the Other Position or Unit referenced:											
INDICATIONS OF EJECTION		If ejection is suspected or reported, indicate the avenue; for multiple avenues number them and utilize the same numbers consistently throughout.			Ejection Medium			Medium Status			
<input type="checkbox"/> No ejection					<input type="checkbox"/> Door (side) <input type="checkbox"/> Door (rear) <input type="checkbox"/> Open roof structure <input type="checkbox"/> Fixed windows <input type="checkbox"/> Other medium type <input type="checkbox"/> Unknown			<input type="checkbox"/> Open <input type="checkbox"/> Separation <input type="checkbox"/> Closed, closed when damaged <input type="checkbox"/> Integral structure ripped opened <input type="checkbox"/> Status known			
Ejection Area		<input type="checkbox"/> Windshield <input type="checkbox"/> Roof <input type="checkbox"/> Left front <input type="checkbox"/> Other area (e.g., sidecar, back of pickup, etc.) <input type="checkbox"/> Right front <input type="checkbox"/> Unknown <input type="checkbox"/> Left rear <input type="checkbox"/> Right rear <input type="checkbox"/> Rear			<input type="checkbox"/> Operable windows <input type="checkbox"/> Roll down type <input type="checkbox"/> Hinged typed <input type="checkbox"/> Sliding type <input type="checkbox"/> Other type window						
FRONT		CHECK ALL AREAS of SUSPECTED OCCUPANT CONTACT									
<input type="checkbox"/> Windshield <input type="checkbox"/> Mirror <input type="checkbox"/> Sunvisor <input type="checkbox"/> Steering wheel rim <input type="checkbox"/> Steering wheel hub/spoke <input type="checkbox"/> Steering wheel (combination of rim/hub/spoke) <input type="checkbox"/> Steering column, transmission selector lever, other attachment <input type="checkbox"/> Add on equipment (e.g., CB, tape deck, air conditioner) <input type="checkbox"/> Left instrument panel and below <input type="checkbox"/> Center instrument panel and below <input type="checkbox"/> Right instrument panel and below <input type="checkbox"/> Other front object		<input type="checkbox"/> Other side object  <b>INTERIOR</b> <input type="checkbox"/> Seat, back support <input type="checkbox"/> Belt restraint system <input type="checkbox"/> Head restraint system <input type="checkbox"/> Air cushion <input type="checkbox"/> Other occupants <input type="checkbox"/> Interior loose objects <input type="checkbox"/> Other interior object			<b>REAR</b> <input type="checkbox"/> Backlight (rear window) <input type="checkbox"/> Backlight storage rack, door, etc. <input type="checkbox"/> Other rear object						
<b>SIDE</b> <input type="checkbox"/> Side interior surface, excluding hardware or armrests <input type="checkbox"/> Side hardware or armrest <input type="checkbox"/> A pillar <input type="checkbox"/> B pillar <input type="checkbox"/> Other pillar <input type="checkbox"/> Window glass or frame		<b>ROOF</b> <input type="checkbox"/> Front header <input type="checkbox"/> Rear header <input type="checkbox"/> Roof side rails <input type="checkbox"/> Roof or convertible top			<b>EXTERIOR OF OCCUPANT'S VEHICLE</b> <b>Noncycle</b> <input type="checkbox"/> Hood <input type="checkbox"/> Outside hardware (e.g., outside mirror, antenna) <input type="checkbox"/> Other exterior surface or tires <input type="checkbox"/> Unknown exterior objects						
		<b>FLOOR</b> <input type="checkbox"/> Floor <input type="checkbox"/> Floor or console mounted transmission lever, including console <input type="checkbox"/> Parking brake handle <input type="checkbox"/> Foot controls including parking brake			<b>CYCLE</b> <input type="checkbox"/> Handle bars or attachments <input type="checkbox"/> Frame or suspension component or fender <input type="checkbox"/> Seat <input type="checkbox"/> Foot pedal, foot rest, foot pegs <input type="checkbox"/> Wheel or tire <input type="checkbox"/> Engine or transmission <input type="checkbox"/> Gas tank, gas tank filling cap or neck <input type="checkbox"/> Other cycle part						

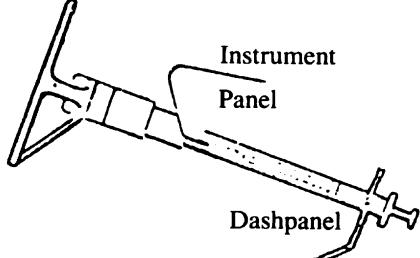
NCI

## VEHICLE INTERIOR

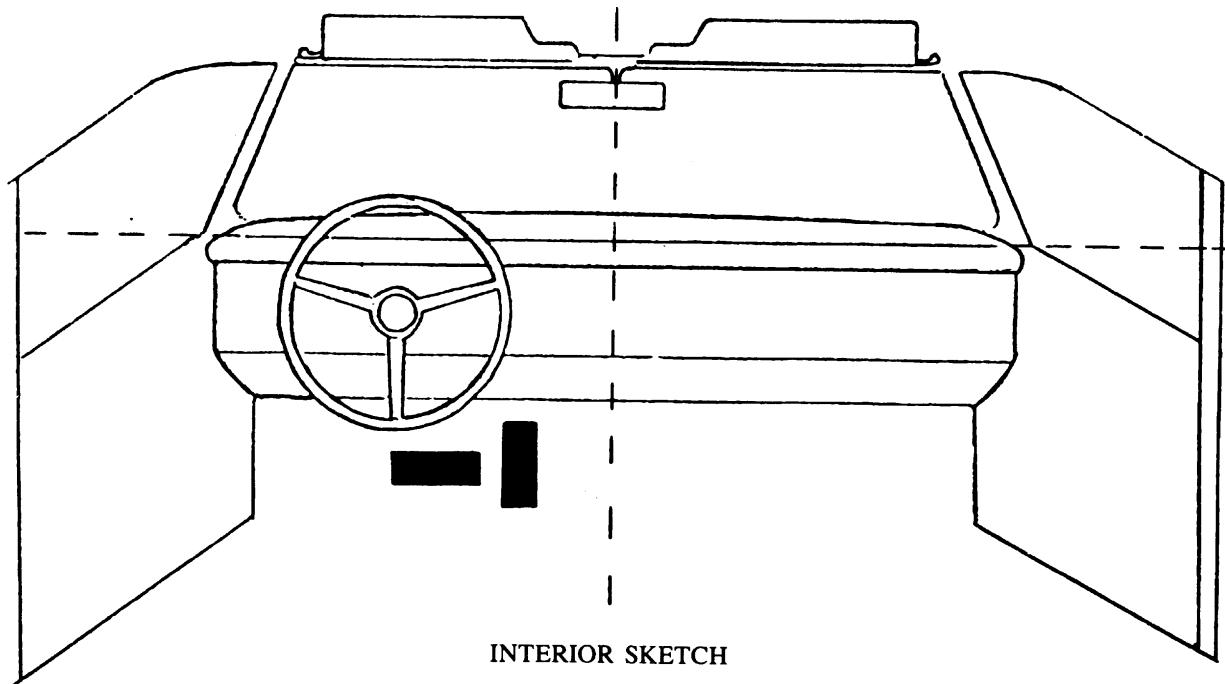
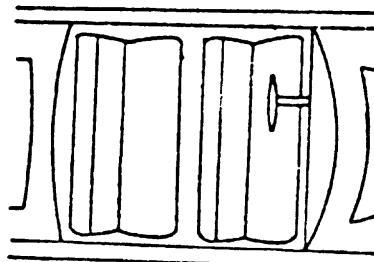
## POINTS OF OCCUPANT CONTACT

CONTACT	INTERIOR PART CONTACTED	SUPPORTING PHYSICAL EVIDENCE	Confidence Level of Contact Point
A			1 2
B			1 2
C			1 2
D			1 2
E			1 2
F			1 2
G			1 2
H			1 2

If Additional Contact Points, Continue on Reverse Side



NO visible contact points



INTERIOR SKETCH

Sketch controls in appropriate positions, if contacted. Sketch and describe all occupant contact points (i.e., dents, skin transfer, etc.) and code on preceding page. Dash lines indicate center of instrument panel-windshield area and top of panel for reference purposes.

Codes for Confidence Level of Contact Point are: Certain – 1; and possible – 2.

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## ACCIDENT DESCRIPTION INSTRUCTIONS

Do not interrupt person during general description (narrative), unless he/she requests your assistance. Attempt to summarize the narrative while minimizing any disruptions of the person's internal logic. Specific questions may be asked later. Write these questions down in the space below or on the other side of the paper, prior to the interview.

SPECIFIC QUESTION: \_\_\_\_\_

## GENERAL DESCRIPTION OF ACCIDENT SEQUENCE

(This -)

Delete After Case Review

## Estimated Travel Speed

(NOTE: Record as obtained from interviewee in increments of 5 m.p.h.; note information source e.g., speedometer, estimate, etc.)

- Stopped       Less than 5 m.p.h.  
55 Actual speed (in increments)  
 Not applicable       Unknown

## Estimated Impact Speed

(NOTE: Record as obtained from interviewee in increments of 5 m.p.h.; note information source e.g., speedometer, estimate, etc.)

- Stopped       Less than 5 m.p.h.  
50 Actual speed (in increments)  
 Not applicable       Unknown

INFORMATION SOURCE:

## National Accident Sampling System — Continuous Sampling Subsystem: Driver Data

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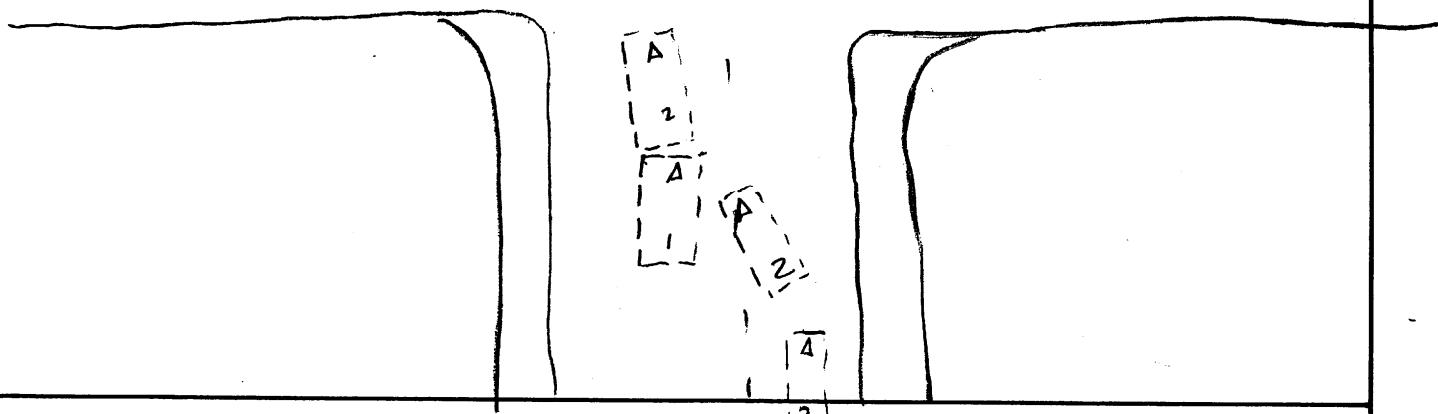
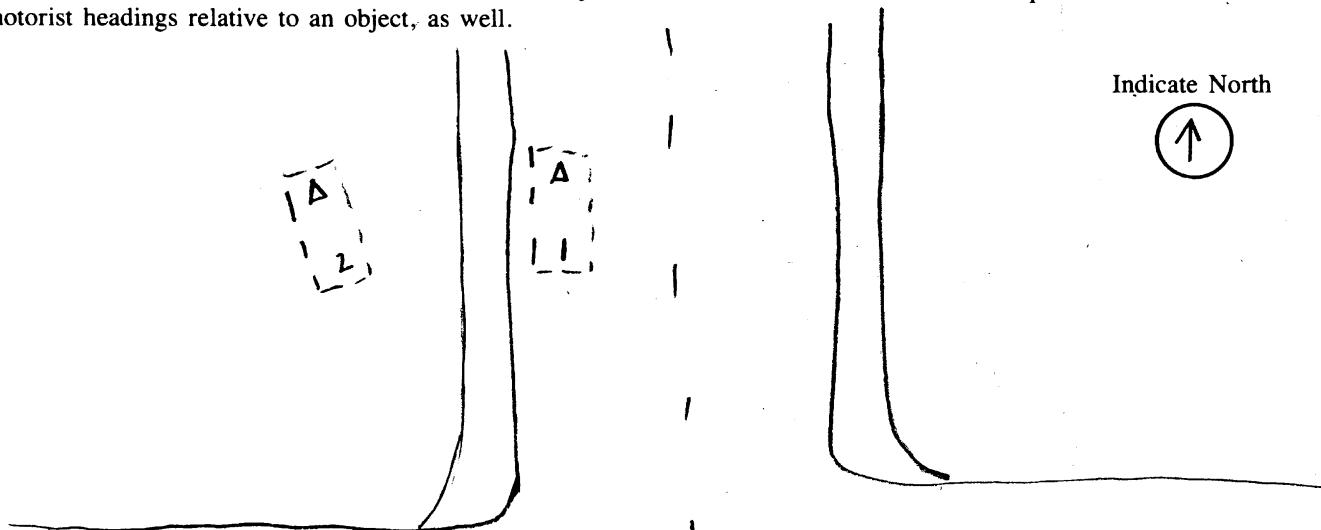
<b>PRE-CRASH</b>			<p>Travel Lane          (NOTE: Lane one is the curb or shoulder lane; lane two is the next lane, etc. to the median or centerline. Opposing lanes are numbered similarly and distinguished by direction of travel.)</p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 1st lane</li> <li><input type="checkbox"/> On shoulder</li> <li><input type="checkbox"/> 2nd lane</li> <li><input type="checkbox"/> On trafficway</li> <li><input type="checkbox"/> 3rd lane</li> <li><input type="checkbox"/> Off road</li> <li><input type="checkbox"/> 4th lane</li> <li><input type="checkbox"/> Outside trafficway</li> <li><input type="checkbox"/> 5th or additional lane</li> <li><input type="checkbox"/> Not applicable</li> <li><input type="checkbox"/> Unknown</li> </ul>					
Direction of Travel  <input checked="" type="checkbox"/> North <input type="checkbox"/> Southeast <input type="checkbox"/> East <input type="checkbox"/> Northwest <input type="checkbox"/> South <input type="checkbox"/> Southwest <input type="checkbox"/> West <input type="checkbox"/> Not applicable <input type="checkbox"/> Northeast <input type="checkbox"/> Unknown								
<sup>1</sup> Object Contacted <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Motor vehicle</li> <li><input type="checkbox"/> Guardrail</li> <li><input type="checkbox"/> Ditch</li> <li><input type="checkbox"/> Ground</li> <li><input type="checkbox"/> Tree</li> <li><input type="checkbox"/> Pole</li> <li><input type="checkbox"/> Sign</li> <li><input type="checkbox"/> Pedacyclist</li> <li><input type="checkbox"/> Pedestrian</li> <li><input type="checkbox"/> Other: _____</li> <li><input type="checkbox"/> Unknown</li> </ul>			<sup>2</sup> Vehicle Impact Location <ul style="list-style-type: none"> <li><input type="checkbox"/> Front</li> <li><input type="checkbox"/> Right side</li> <li><input type="checkbox"/> Rear</li> <li><input type="checkbox"/> Left side</li> <li><input type="checkbox"/> Top</li> <li><input type="checkbox"/> Undercarriage</li> <li><input type="checkbox"/> Other: _____</li> <li><input type="checkbox"/> Not applicable</li> <li><input type="checkbox"/> Unknown</li> </ul>			<sup>3</sup> Vehicle Orientation <ul style="list-style-type: none"> <li><input type="checkbox"/> Tracking, no skidding (includes controlled turn)</li> <li><input type="checkbox"/> Tracking, skidding</li> <li><input type="checkbox"/> Rotated clockwise to path of travel</li> <li><input type="checkbox"/> Rotated counterclockwise to path of travel</li> <li><input type="checkbox"/> Rolling over</li> <li><input type="checkbox"/> Jackknifed</li> <li><input type="checkbox"/> Other: _____</li> <li><input type="checkbox"/> Not applicable</li> <li><input type="checkbox"/> Unknown</li> </ul>		
<b>DRIVER VIEW of TOTAL ACCIDENT CONTACT SEQUENCE</b>								
Did More Than Six Impacts Occur? <input type="checkbox"/> Unknown, <input checked="" type="checkbox"/> No, <input type="checkbox"/> Yes: code the six severest impacts.								
Event Number (Driver)	Final Event Number (Investigator)	Object Contacted <sup>1</sup>	One Vehicle			Other Vehicle—if applicable		
			Vehicle Number	Event Location <sup>2</sup>	Vehicle Orientation <sup>3</sup>	Vehicle Number	Event Location <sup>2</sup>	Vehicle Orientation <sup>3</sup>
1	1	/	1	1	2	2	3	1
2	—	—	—	—	—	—	—	—
3	—	—	—	—	—	—	—	—
4	—	—	—	—	—	—	—	—
5	—	—	—	—	—	—	—	—
6	—	—	—	—	—	—	—	—
<b>POST-CRASH</b>			<p>Driver Inputs Between Last Point-of-Impact and Final Rest Position</p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> None</li> <li><input type="checkbox"/> Braking</li> <li><input type="checkbox"/> Steering left</li> <li><input type="checkbox"/> Steering right</li> <li><input type="checkbox"/> Braking and steering left</li> <li><input type="checkbox"/> Braking and steering right</li> <li><input type="checkbox"/> Acceleration followed by braking</li> <li><input type="checkbox"/> Acceleration followed by braking and steering</li> <li><input type="checkbox"/> Releasing brake</li> <li><input type="checkbox"/> Other: _____</li> <li><input type="checkbox"/> Not applicable</li> <li><input type="checkbox"/> Unknown</li> </ul>					
If multiple impacts occurred, describe driver inputs between initial and last point-of-impact. <hr/> <hr/>								

## National Accident Sampling System – Continuous Sampling Subsystem: Driver Data

NCI

## ACCIDENT DIAGRAM

Draw a rough sketch of the accident sequence as described by the driver. Note impact and final rest positions carefully. If possible, relate these to some identifiable object in the area, and record vehicle and pedestrian or nonmotorist headings relative to an object, as well.



Any luggage or other cargo in vehicle when accident occurred? Estimated Weight: 0 lbs.

Describe: None

Hazardous cargo in vehicle?  No  Yes If yes, specify: \_\_\_\_\_

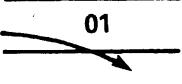
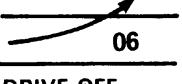
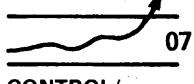
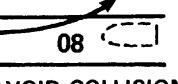
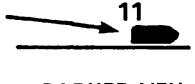
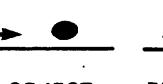
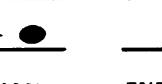
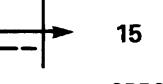
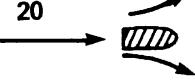
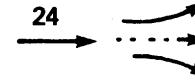
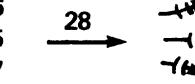
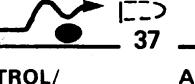
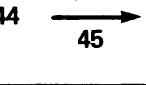
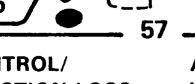
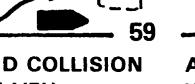
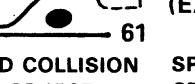
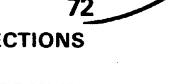
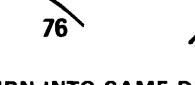
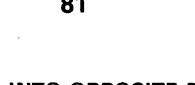
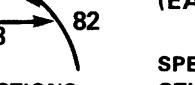
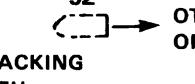
Present location of vehicle (if not yet inspected)? \_\_\_\_\_

Did any of the Following Restrictions of the Road Exist Prior to the Accident

- None
- Narrow bridge (as defined)
- Previous accident
- Maintenance, repair, or construction activity on roadway
- Roadway immersion (standing water)
- Unknown

Road Surface Condition

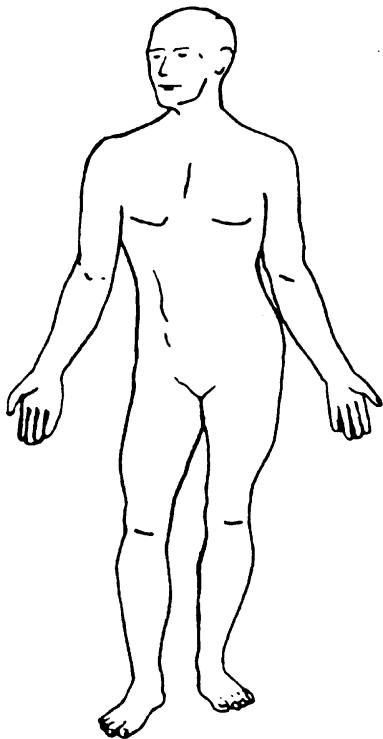
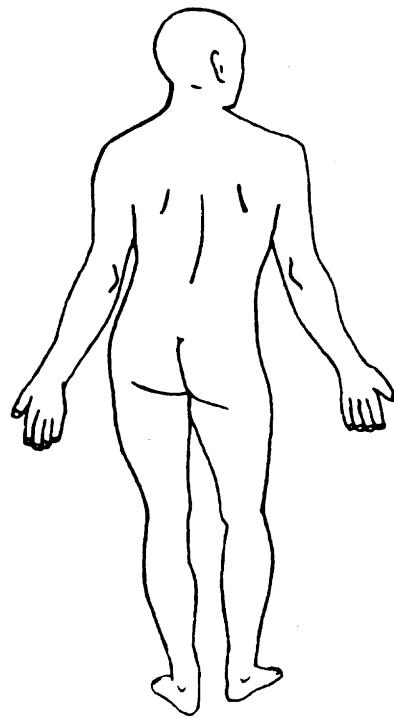
- Dry
- Snow or slush
- Wet
- Ice
- Sand, dirt or oil
- Unknown

Category	Configuration	ACCIDENT TYPES (Includes Intent)						
I. Single Driver	A. Right Roadside Departure				04	05	SPECIFICS OTHER SPECIFICS UNKNOWN	
	B. Left Roadside Departure				09	10	SPECIFICS OTHER SPECIFICS UNKNOWN	
	C. Forward Impact					15	16	SPECIFICS OTHER SPECIFICS UNKNOWN
II. Same Trafficway Same Direction	D. Rear-End	 STOPPED 21, 22, 23	 SLOWER 25, 26, 27	 DECEL. 29, 30, 31	 27	 29	(EACH • 32)	(EACH • 33)
	E. Forward Impact	 CONTROL/ TRACTION LOSS	 CONTROL/ TRACTION LOSS	 AVOID COLLISION WITH VEH.	 AVOID COLLISION WITH OBJECT	41	(EACH • 42)(EACH • 43)	SPECIFICS OTHER SPECIFICS UNKNOWN
	F. Sideswipe/Angle		(EACH • 46) SPECIFICS OTHER		(EACH • 47) SPECIFICS UNKNOWN			
III. Same Trafficway Opposite Direction	G. Head-On	 LATERAL MOVE	(EACH • 52) SPECIFICS OTHER		(EACH • 53)			
	H. Forward Impact	 CONTROL/ TRACTION LOSS	 CONTROL/ TRACTION LOSS	 AVOID COLLISION WITH VEH.	 AVOID COLLISION WITH OBJECT	61	(EACH • 62)(EACH • 63)	SPECIFICS OTHER SPECIFICS UNKNOWN
	I. Sideswipe/Angle	 LATERAL MOVE	65	(EACH • 66) SPECIFICS OTHER	(EACH • 67)			
IV. Change Trafficway Vehicle Turning	J. Turn Across Path	 INITIAL OPPOSITE DIRECTIONS	 INITIAL SAME DIRECTIONS	 71	 73		(EACH • 74)(EACH • 75)	SPECIFICS OTHER SPECIFICS UNKNOWN
	K. Turn Into Path	 TURN INTO SAME DIRECTION	 79	 80	 83	82	(EACH • 84) (EACH • 85)	SPECIFICS OTHER SPECIFICS UNKNOWN
V. Intersecting Paths (Vehicle Damage)	L. Straight Paths	 87	 89		(EACH • 90) SPECIFICS OTHER		(EACH • 91) SPECIFICS UNKNOWN	
VI. Miscellaneous	M. Backing Etc.	 BACKING VEH.	93 OTHER VEH. OR OBJECT		98 Other Accident Type 99 Unknown Accident Type 00 No Impact			

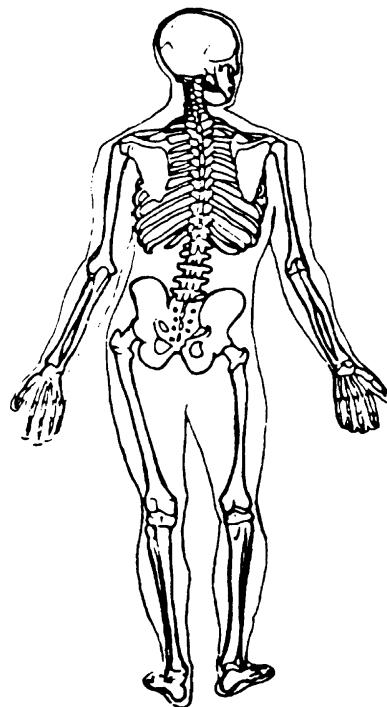
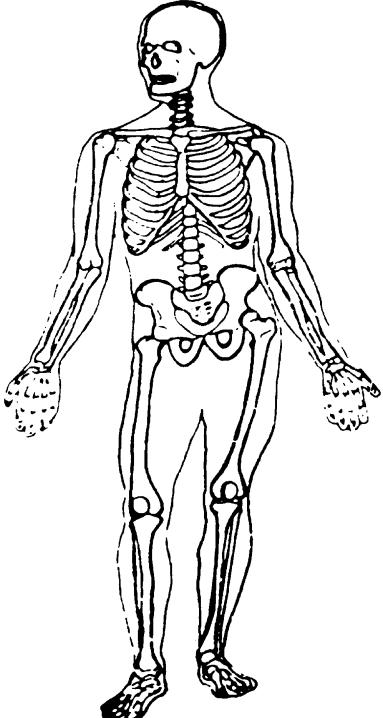
NCI

**INJURY DATA FROM INTERVIEWEE OR UNOFFICIAL SOURCE**Indicate the *Nature*, *Location*, and *injury Source* of all injuries.Specify Source: Driver

## Soft Tissue Injuries

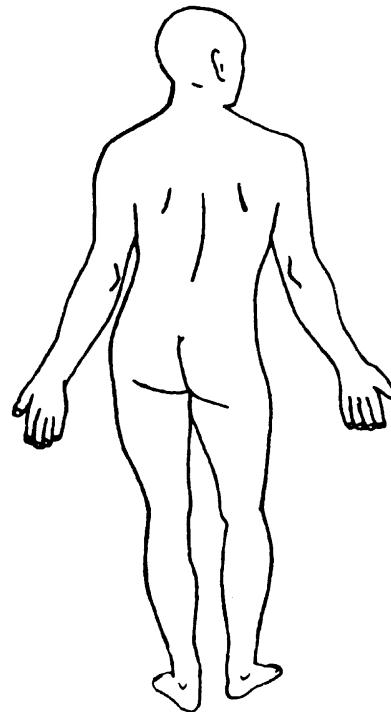
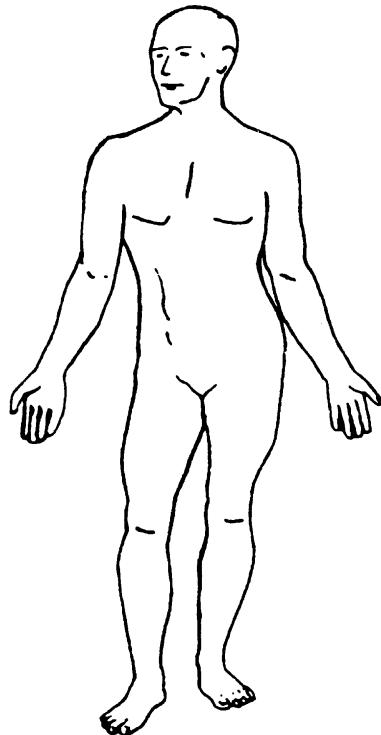
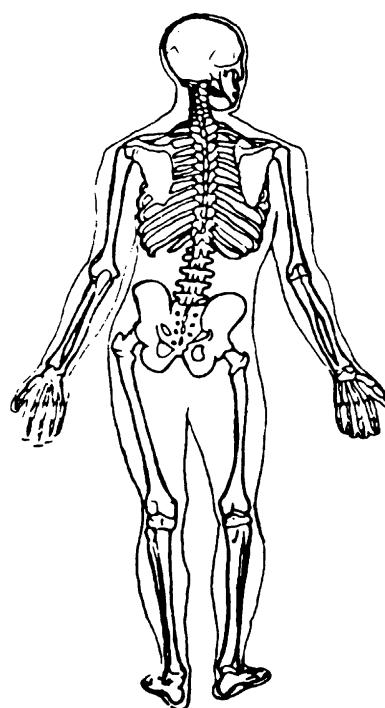
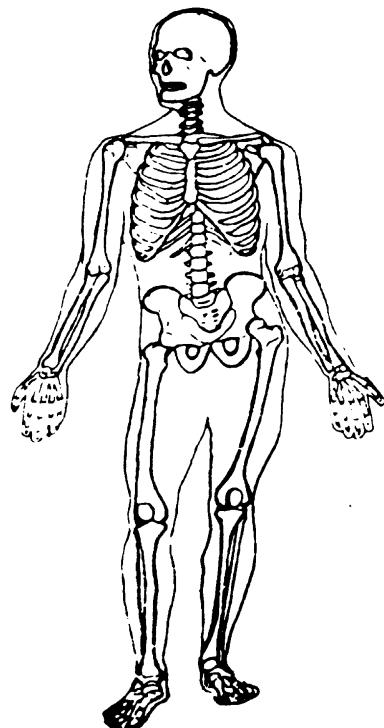
None

## Skeletal Injuries



**National Accident Sampling System — Continuous Sampling Subsystem: Occupant Data**

NCI

**OFFICIAL INJURY DATA**Indicate the *Nature*, *Location*, and injury *Source* of all injuries.**Soft Tissue Injuries****Skeletal Injuries**

Write additional medical record injury data on reverse of this page

PSU/Case Number 83015B

Vehicle No.: \_\_\_\_\_  
Occupant No.: \_\_\_\_\_

NCI

## **ADDITIONAL MEDICAL RECORD INJURY DATA USED IN CODING OIC/AIS**

## National Accident Sampling System—Continuous Sampling Subsystem: Occupant Data

NCI

## OCCUPANT INJURY CLASSIFICATION

Consider all injuries which are reported from both unofficial and official sources. The information from official sources takes precedence over similar injuries reported by any other source. In other words, do not list the same injury twice; supersede the interview data with official data in the case of similar injuries. List all injuries by official medical sources first. Police reported injuries may be used, but only when no other source of injury information is available.

Were more than ten (10) injuries sustained?        Unknown,        No,        Yes — If more than ten dissimilar injuries were identified during the interview, from collection of official data, and from other unofficial sources (excluding police), list those from the official records first, exhausting that level of data before listing those from the interviewee or other sources.

I.S.S. Body Region	O.I.C. Body Region	Aspect	Lesion	System/ Organ	A.I.S. Severity	Injury Source	Direct/ Indirect Injury	Source of Data	Source of Data
1	—	—	—	—	—	—	—	—	Official
2	—	—	—	—	—	—	—	—	(01) Autopsy records with or without hospital/medical records
3	—	—	—	—	—	—	—	—	(02) Hospital medical records other than emergency room (e.g., discharge summary)
4	—	—	—	—	—	—	—	—	(03) Emergency room records only (including associated x-rays or other lab reports)
5	—	—	—	—	—	—	—	—	(04) Private physician, walk-in or emergency clinic
6	—	—	—	—	—	—	—	—	Unofficial
7	—	—	—	—	—	—	—	—	(05) Lay coroner report
8	—	—	—	—	—	—	—	—	(06) E.M.S. personnel
9	—	—	—	—	—	—	—	—	(07) Interviewee
10	—	—	—	—	—	—	—	—	(08) Other source:
									(09) Police
									(99) Unknown if injured
									(00) Not injured

I.S.S. Body Region	Aspect of Injury	System/Organ
(1) Head or neck	(A) Anterior - front	(W) All systems in region
(2) Face	(C) Central	(A) Arteries - veins
(3) Chest	(I) Inferior - lower	(B) Brain
(4) Abdominal or pelvic contents	(U) Injured, unknown aspect	(D) Digestive
(5) Extremities or pelvic girdle	(L) Left	(E) Ears
(6) General (external)	(P) Posterior - back	(O) Eye
(0) Not injured	(R) Right	(H) Heart
(9) Unknown	(S) Superior - upper	(U) Injured, unknown system
O.I.C. Body Region	(W) Whole region	(I) Integumentary
(M) Abdomen	(O) Not injured	(J) Joints
(Q) Ankle - foot	(9) Unknown if injured	(K) Kidneys
(A) Arm (upper)	Lesion	(L) Liver
(B) Back - thoracolumbar spine	(A) Abrasion	(M) Muscles
(C) Chest	(M) Amputation	(N) Nervous system
(E) Elbow	(V) Avulsion	(P) Pulmonary - lungs
(F) Face	(B) Burn	(R) Respiratory
(R) Forearm	(K) Concussion	(S) Skeletal
(H) Head - skull	(C) Contusion	(C) Spinal cord
(U) Injured, unknown region	(N) Crush	(Q) Spleen
(K) Knee	(G) Detachment, separation	(T) Thyroid, other endocrine gland
(L) Leg (lower)	(D) Dislocation	(G) Urogenital
(Y) Lower limb(s) (whole or unknown part)	(F) Fracture	(V) Vertebrae
(N) Neck - cervical spine	(Z) Fracture and dislocation	(O) Not injured
(P) Pelvic - hip	(U) Injured, unknown lesion	(9) Unknown if injured
(S) Shoulder	(L) Laceration	Abbreviated Injury Scale
(T) Thigh	(O) Other	(1) Minor injury
(X) Upper limb(s) (whole or unknown part)	(P) Perforation, puncture	(2) Moderate injury
(O) Whole body	(R) Rupture	(3) Serious injury
(W) Wrist - hand	(S) Sprain	(4) Severe injury
(0) Not injured	(T) Strain	(5) Critical injury
(9) Unknown if injured	(E) Total severance, transection	(6) Maximum (untreatable)
	(O) Not injured	(7) Injured, unknown severity
	(9) Unknown if injured	(0) Not injured
		(9) Unknown if injured



### Occupant Update Record

✓  
NATIONAL ACCIDENT SAMPLING SYSTEM  
CONTINUOUS SAMPLING SUBSYSTEM

**This section must be completed prior to initial case submission**

1. Primary Sampling Unit Number

8 3  
1 2

2. Case Number-Stratification

0 1 5 B  
3 4 5 6

3. Record Number

5

4. Transaction Code

2

5. Version Number

9

6. Investigator I.D. Number

2

7. Vehicle Number

0

8. Occupant Number

1

13

14

OCCUPANT'S NAME:

Address:

(Delete before submission)

9. Age

0 0

10. Sex

1

DATA ON INITIAL SUBMISSION:

20. Treatment-Mortality

4

21. Hospital Stay

0 0

22. Working Days Lost

0 0

80. Time to Death

0 0



ENTER RESPONSE FOR EACH VARIABLE WHERE  
DATA ON INITIAL SUBMISSION WAS UNKNOWN  
OR IS FELT TO BE IN ERROR, GIVEN RECEIPT OF  
OFFICIAL MEDICAL RECORD(S)

**Complete prior to initial case submission**

INJURY DATA CODED ON INITIAL SUBMISSION

31. <u>0</u>	32. <u>0</u>	33. <u>0</u>	34. <u>0</u>	35. <u>0</u>	36. <u>0</u> <u>0</u>	37. <u>0</u>	38. <u>0</u> <u>0</u>
39. —	40. —	41. —	42. —	43. —	44. —	45. —	46. —
47. —	48. —	49. —	50. —	51. —	52. —	53. —	54. —
55. —	56. —	57. —	58. —	59. —	60. —	61. —	62. —
63. —	64. —	65. —	66. —	67. —	68. —	69. —	70. —
71. —	72. —	73. —	74. —	75. —	76. —	77. —	78. —

9. Occupant's Age

2 0  
15 16

10. Occupant's Sex

1  
17

20. Treatment-Mortality

4  
31

21. Hospital Stay

0 0  
32 33

22. Working Days Lost

0 0  
34 35

UPDATED INJURY DATA BASED ON SUBSEQUENTLY ACQUIRED OFFICIAL MEDICAL DATA

[or reason data not obtained (see response for log variable 15)]

1st <u>6</u>	31. <u>4</u> 45	32. <u>4</u> 46	33. <u>4</u> 47	34. <u>M</u> 48	35. <u>1</u> 49	36. <u>9</u> <u>7</u> 50 51	37. <u>7</u> 52	38. <u>0</u> <u>3</u> 53 54
2nd <u>0</u>	39. <u>0</u> 55	40. <u>0</u> 56	41. <u>0</u> 57	42. <u>0</u> 58	43. <u>0</u> 59	44. <u>0</u> <u>0</u> 60 61	45. <u>0</u> 62	46. <u>0</u> <u>0</u> 63 64
3rd —	47. — 65	48. — 66	49. — 67	50. — 68	51. — 69	52. — 70 71	53. — 72	54. — 73 74
4th —	55. — 75	56. — 76	57. — 77	58. — 78	59. — 79	60. — 80 81	61. — 82	62. — 83 84
5th —	63. — 85	64. — 86	65. — 87	66. — 88	67. — 89	68. — 90 91	69. — 92	70. — 93 94
6th —	71. — 95	72. — 96	73. — 97	74. — 98	75. — 99	76. — 100 101	77. — 102	78. — 103 104

80. Time to Death 0 0  
106 107

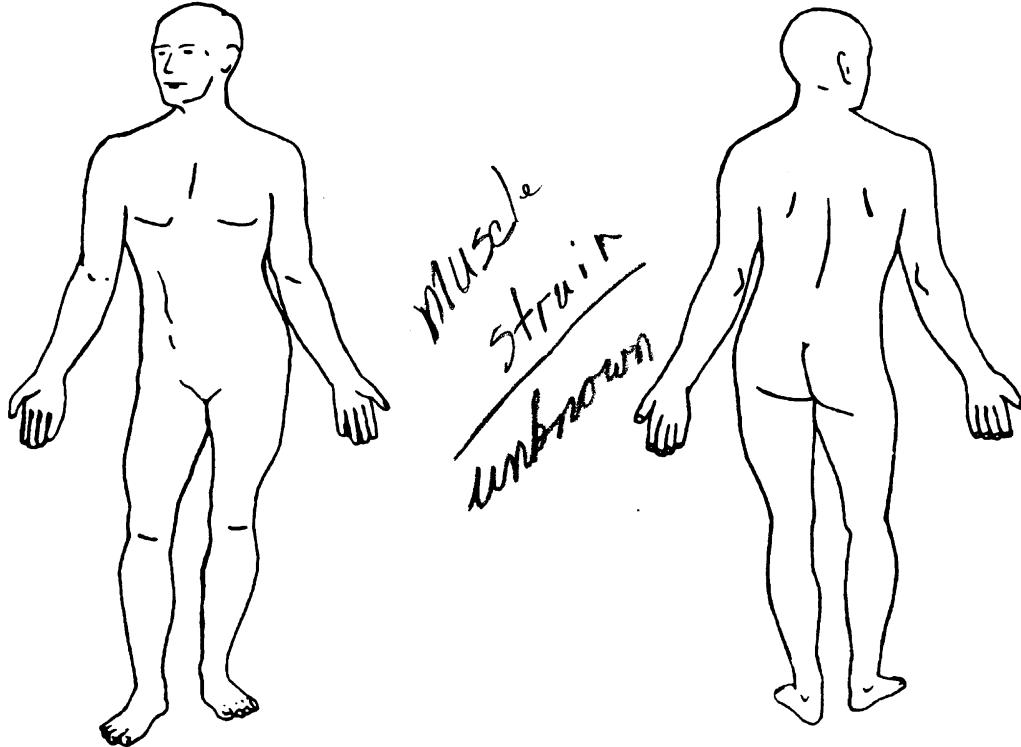
## National Accident Sampling System – Continuous Sampling Subsystem: Occupant Update

NCI

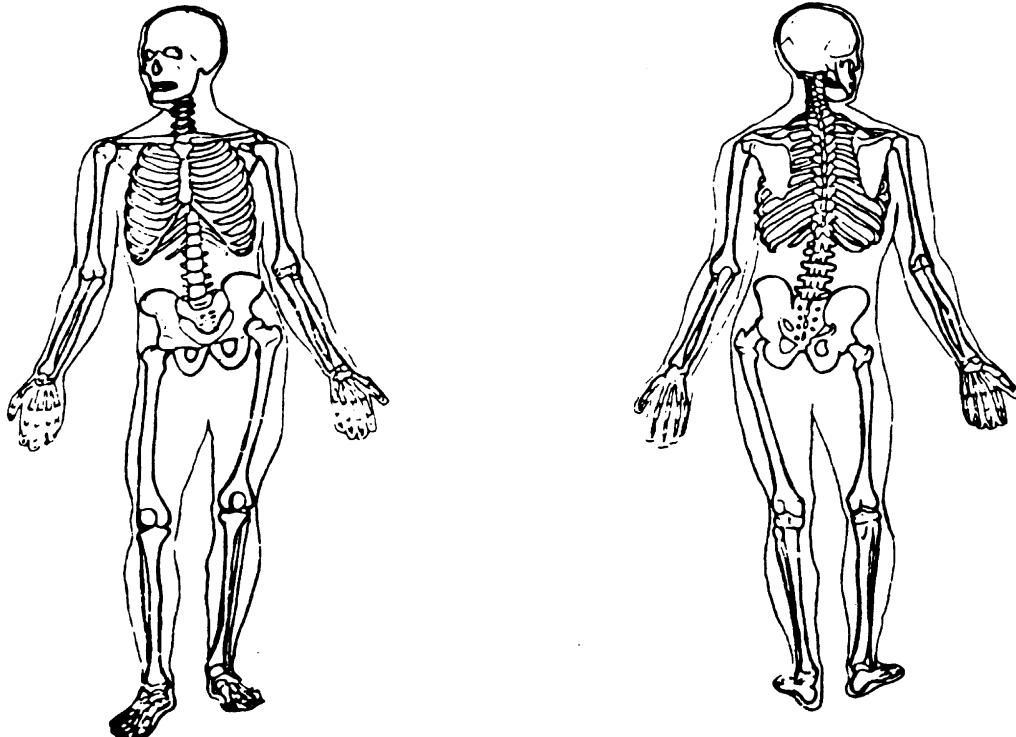
## OFFICIAL INJURY DATA

Indicate the Nature, Location, and Injury Source of All Injuries.

## Soft Tissue Injuries



## Skeletal Injuries

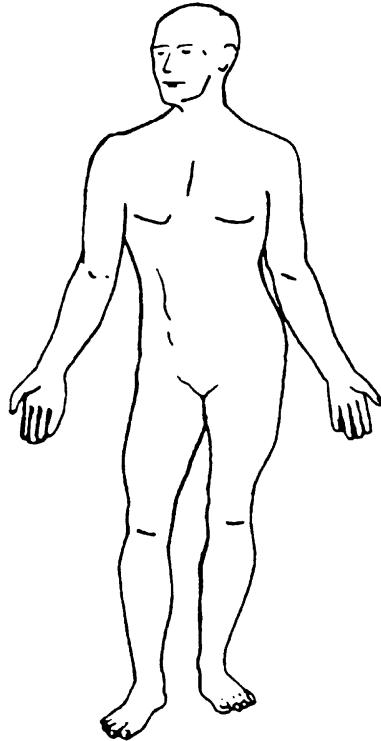
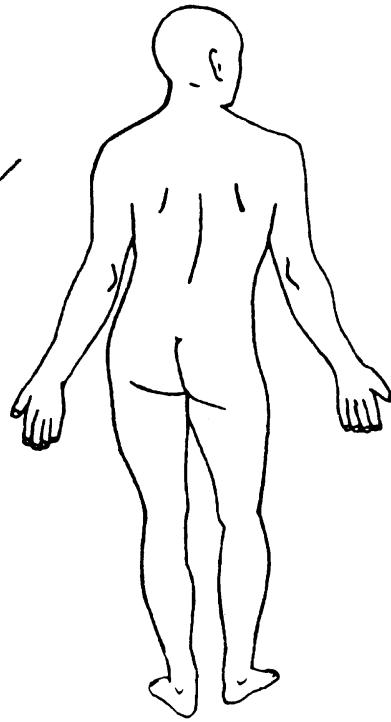


## National Accident Sampling System – Continuous Sampling Subsystem: Occupant Data

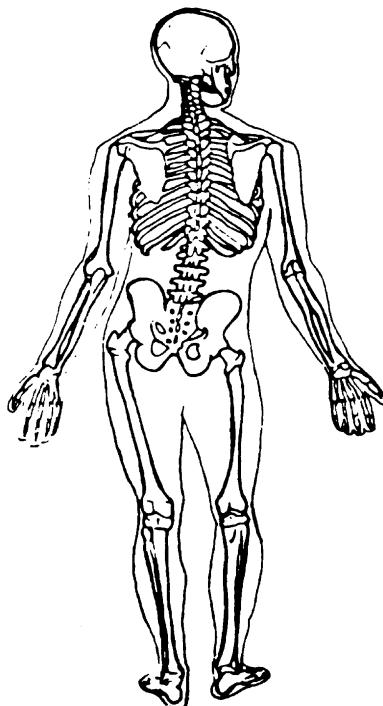
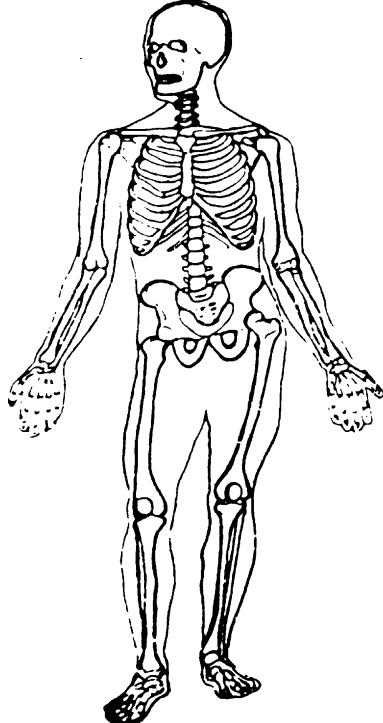
NCI

**INJURY DATA FROM INTERVIEWEE OR UNOFFICIAL SOURCE**Indicate the *Nature*, *Location*, and injury *Source* of all injuries.Specify Source: Driving

## Soft Tissue Injuries

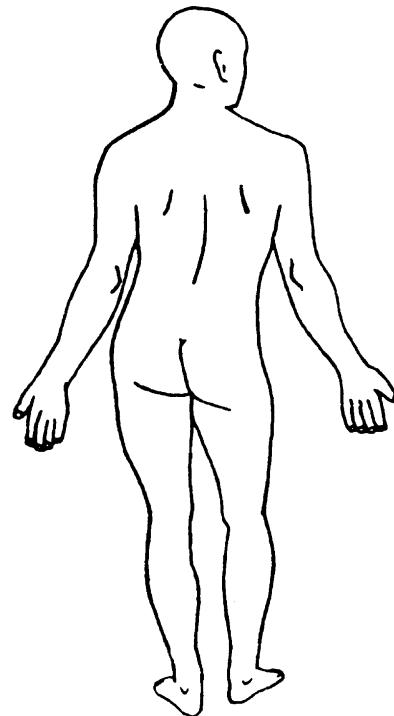
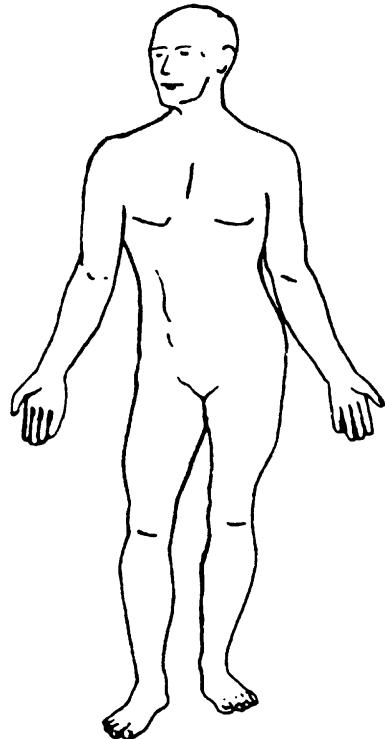
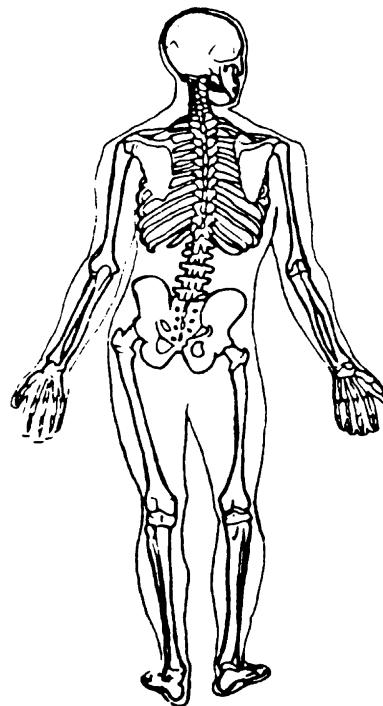
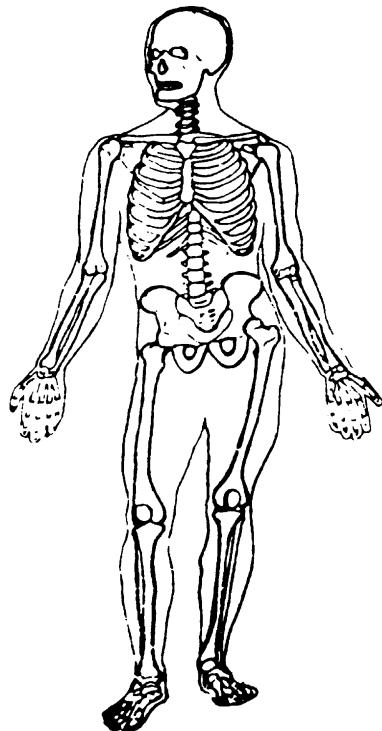
None

## Skeletal Injuries



**National Accident Sampling System — Continuous Sampling Subsystem: Occupant Data**

NCI

**OFFICIAL INJURY DATA**Indicate the *Nature*, *Location*, and injury *Source* of all injuries.**Soft Tissue Injuries****Skeletal Injuries**

Write additional medical record injury data on reverse of this page

PSU/Case Number 8 3 0 1 5 B

Vehicle No.:         
Occupant No.:

NCI

## **ADDITIONAL MEDICAL RECORD INJURY DATA USED IN CODING OIC/AIS**

## National Accident Sampling System—Continuous Sampling Subsystem: Occupant Data

O C C U P A N T   I N J U R Y   C L A S S I F I C A T I O N

Consider all injuries which are reported from both unofficial and official sources. The information from official sources takes precedence over similar injuries reported by any other source. In other words, do not list the same injury twice; supersede the interview data with official data in the case of similar injuries. List all injuries by official medical sources first. Police reported injuries may be used, but only when no other source of injury information is available.

Were more than ten (10) injuries sustained? ✓ Unknown,    No,    Yes — If more than ten dissimilar injuries were identified during the interview, from collection of official data, and from other unofficial sources (excluding police), list those from the official records first, exhausting that level of data before listing those from the interviewee or other sources.

I.S.S. Body Region	O.I.C. Body Region	Aspect	Lesion	System/ Organ	A.I.S. Severity	Injury Source	Direct/ Indirect Injury	Source of Data	Source of Data
1	—	—	—	—	—	—	—	—	Official
2	—	—	—	—	—	—	—	—	(01) Autopsy records with or without hospital/medical records
3	—	—	—	—	—	—	—	—	(02) Hospital medical records other than emergency room (e.g., discharge summary)
4	—	—	—	—	—	—	—	—	(03) Emergency room records only (including associated x-rays or other lab reports)
5	—	—	—	—	—	—	—	—	(04) Private physician, walk-in or emergency clinic
6	—	—	—	—	—	—	—	—	Unofficial
7	—	—	—	—	—	—	—	—	(05) Lay coroner report
8	—	—	—	—	—	—	—	—	(06) E.M.S. personnel
9	—	—	—	—	—	—	—	—	(07) Interviewee
10	—	—	—	—	—	—	—	—	(08) Other source:
									(09) Police
									(99) Unknown if injured
									(00) Not injured

I.S.S. Body Region	Aspect of Injury	System/Organ
(1) Head or neck	(A) Anterior - front	(W) All systems in region
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(3) Chest	(I) Inferior - lower	(B) Brain
(4) Abdominal or pelvic contents	(U) Injured, unknown aspect	(D) Digestive
(5) Extremities or pelvic girdle	(L) Left	(E) Ears
(6) General (external)	(P) Posterior - back	(O) Eye
(0) Not injured	(R) Right	(H) Heart
(9) Unknown	(S) Superior - upper	(U) Injured, unknown system
	(W) Whole region	(I) Integumentary
	(O) Not injured	(J) Joints
	(9) Unknown if injured	(K) Kidneys
O.I.C. Body Region	Lesion	(L) Liver
(M) Abdomen	(A) Abrasion	(M) Muscles
(Q) Ankle - foot	(M) Amputation	(N) Nervous system
(A) Arm (upper)	(V) Avulsion	(P) Pulmonary - lungs
(B) Back - thoracolumbar spine	(B) Burn	(R) Respiratory
(C) Chest	(K) Concussion	(S) Skeletal
(E) Elbow	(C) Contusion	(C) Spinal cord
(F) Face	(N) Crush	(Q) Spleen
(R) Forearm	(G) Detachment, separation	(T) Thyroid, other endocrine gland
(H) Head - skull	(D) Dislocation	(G) Urogenital
(U) Injured, unknown region	(F) Fracture	(V) Vertebrae
(K) Knee	(Z) Fracture and dislocation	(O) Not injured
(L) Leg (lower)	(U) Injured, unknown lesion	(9) Unknown if injured
(Y) Lower limb(s) (whole or unknown part)	(L) Laceration	Abbreviated Injury Scale
(N) Neck - cervical spine	(O) Other	(1) Minor injury
(P) Pelvic - hip	(P) Perforation, puncture	(2) Moderate injury
(S) Shoulder	(R) Rupture	(3) Serious injury
(T) Thigh	(S) Sprain	(4) Severe injury
(X) Upper limb(s) (whole or unknown part)	(T) Strain	(5) Critical injury
(O) Whole body	(E) Total severance, transection	(6) Maximum (untreatable)
(W) Wrist - hand	(O) Not injured	(7) Injured, unknown severity
(0) Not injured	(9) Unknown if injured	(0) Not injured
(9) Unknown if injured		(9) Unknown if injured



### Occupant Update Record

✓  
NATIONAL ACCIDENT SAMPLING SYSTEM  
CONTINUOUS SAMPLING SUBSYSTEM

**This section must be completed prior to initial case submission**

1. Primary Sampling Unit Number	8 3 1 2
2. Case Number-Stratification	Ø 1 5 Ø 3 4 5 6
3. Record Number	5 7
4. Transaction Code	2 8
5. Version Number	9 9
6. Investigator I.D. Number	2 10
7. Vehicle Number	Ø 1 11 12
8. Occupant Number	Ø 2 13 14

OCCUPANT'S NAME:

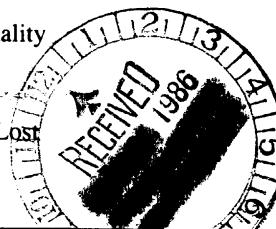
Address:

(Delete before submission)

9. Age 20  
10. Sex 1

DATA ON INITIAL SUBMISSION:

- 20. Treatment-Mortality 4
- 21. Hospital Stay 0
- 22. Working Days Lost 0
- 80. Time to Death 0



ENTER RESPONSE FOR EACH VARIABLE WHERE  
DATA ON INITIAL SUBMISSION WAS UNKNOWN  
OR IS FELT TO BE IN ERROR, GIVEN RECEIPT OF  
OFFICIAL MEDICAL RECORD(S)

**Complete prior to initial case submission**

INJURY DATA CODED ON INITIAL SUBMISSION

- 9. Occupant's Age 20  
15 16
- 10. Occupant's Sex 1  
17
- 20. Treatment-Mortality 4  
31
- 21. Hospital Stay Ø Ø  
32 33
- 22. Working Days Lost Ø Ø  
34 35

31 Ø	32 Ø	33 Ø	34 Ø	35 Ø	36 Ø Ø	37 Ø	38 Ø Ø
39 —	40 —	41 —	42 —	43 —	44 —	45 —	46 —
47 —	48 —	49 —	50 —	51 —	52 —	53 —	54 —
55 —	56 —	57 —	58 —	59 —	60 —	61 —	62 —
63 —	64 —	65 —	66 —	67 —	68 —	69 —	70 —
71 —	72 —	73 —	74 —	75 —	76 —	77 —	78 —

UPDATED INJURY DATA BASED ON SUBSEQUENTLY ACQUIRED OFFICIAL MEDICAL DATA  
[or reason data not obtained (see response for log variable 15) \_\_\_\_\_]

1st 6	31. 44 45	32. 44 46	33. C 47	34. I 48	35. 1 49	36. 9 7 50 51	37. 7 52	38. Ø 3 53 54
2nd Ø	39. Ø 55	40. Ø 56	41. Ø 57	42. Ø 58	43. Ø 59	44. Ø Ø 60 61	45. Ø 62	46. Ø Ø 63 64
3rd —	47. — 65	48. — 66	49. — 67	50. — 68	51. — 69	52. — 70 71	53. — 72	54. — 73 74
4th —	55. — 75	56. — 76	57. — 77	58. — 78	59. — 79	60. — 80 81	61. — 82	62. — 83 84
5th —	63. — 85	64. — 86	65. — 87	66. — 88	67. — 89	68. — 90 91	69. — 92	70. — 93 94
6th —	71. — 95	72. — 96	73. — 97	74. — 98	75. — 99	76. — 100 101	77. — 102	78. — 103 104

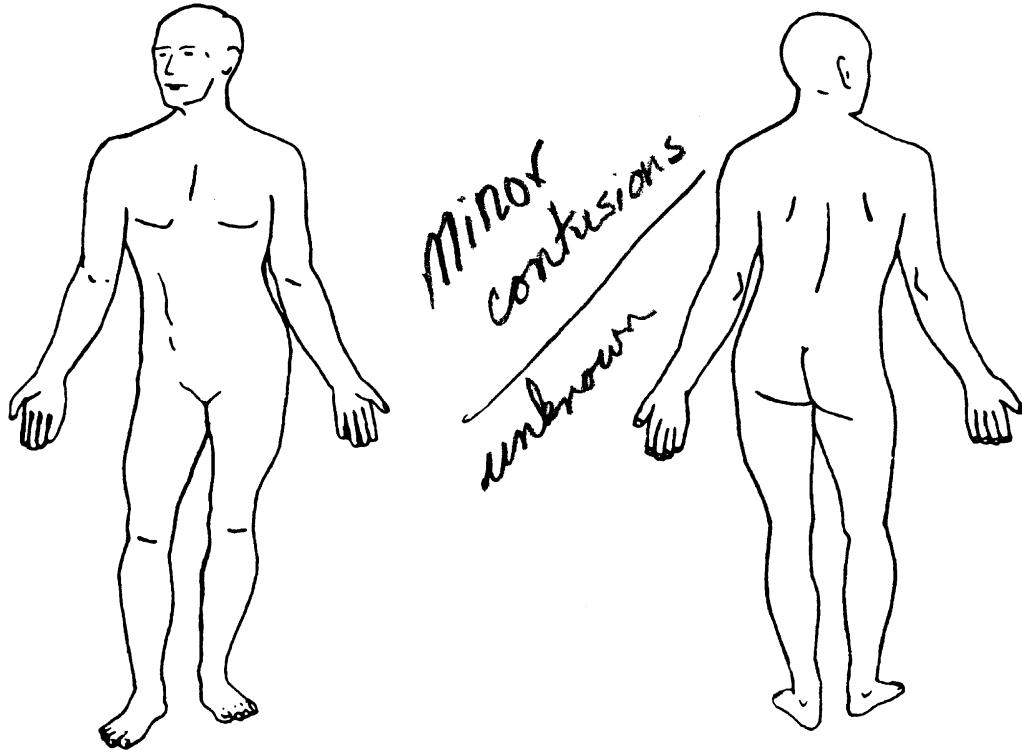
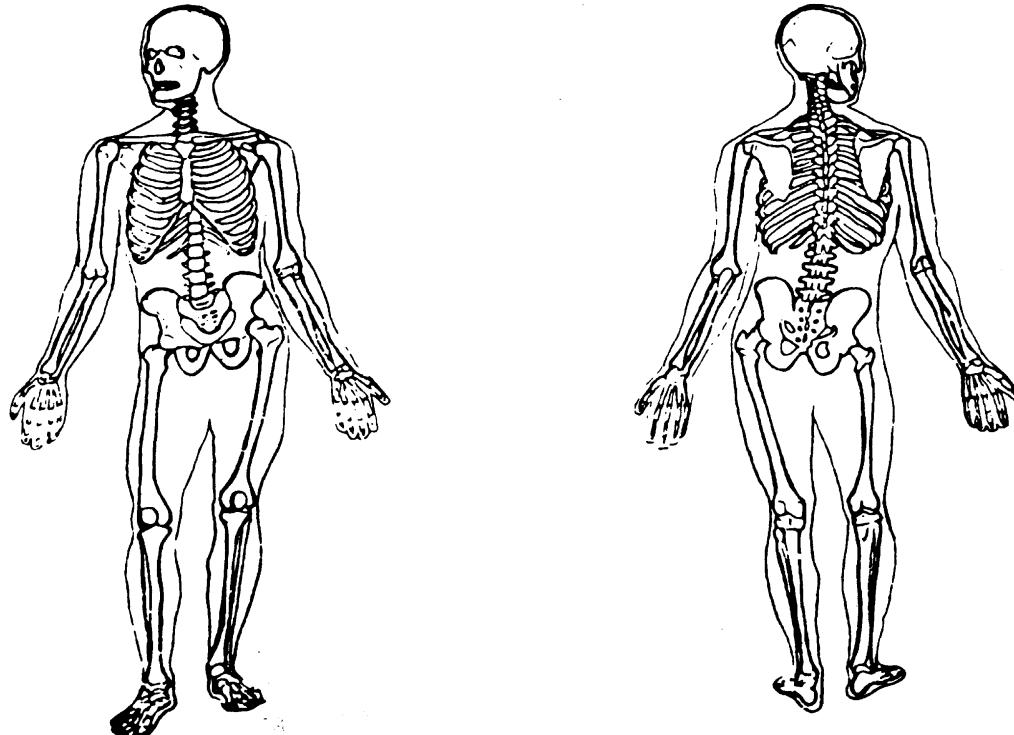
80. Time to Death Ø Ø  
106 107

**National Accident Sampling System — Continuous Sampling Subsystem: Occupant Update**

NCI

**OFFICIAL INJURY DATA**

Indicate the Nature, Location, and Injury Source of All Injuries.

**Soft Tissue Injuries****Skeletal Injuries**

## National Accident Sampling System – Continuous Sampling Subsystem: Vehicle Data

## FIELD MEASUREMENTS

Complete When Applicable	
End Damage	Side Damage
Undeformed end width <u>60</u>	Bowing: B1 _____ X1 _____ B2 _____ X2 _____
Corner shift: A1 _____  A2 _____	Bowing constant  $\frac{X_1 + X_2}{2} = \underline{\hspace{2cm}}$
End shift at frame (CDC) (check one) <4 inches _____ ≥4 inches _____	

Note: Measure C1 to C6 from Driver to Passenger side in Front or Rear impacts—  
Rear to Front in Side impacts.

\*Identify the plane at which the C-measurements are taken (e.g., at bumper, above bumper, at sill, above sill, at beltline, etc.) or label adjustments (e.g., free space).

Free space value is defined as the distance between the baseline and the original body contour taken at the individual C locations. This may include the following: bumper lead, bumper taper, side protrusion, side taper, etc. Record the value for each C-measurement and maximum crush.

\*\*Measure and document on the vehicle diagram the beginning or end of the direct damage width and field L (e.g., side damage with respect to undamaged axle.)

\*\*\*Measure and document on the vehicle diagram the location of the maximum crush

Note: Use as many lines/columns as necessary to describe each damage profile



U.S. Department of Transportation  
**National Highway Traffic Safety  
Administration**

## NATIONAL ACCIDENT SAMPLING SYSTEM—CONTINUOUS SAMPLING SUBSYSTEM VEHICLE

PSU/Case Number 83015B  
Vehicle Number 02

Page 6E

INCI

DAMAGE DESCRIPTION	TYPE OF TRANSMISSION	WHEEL STEER ANGLES
Tire—Wheel Damage a. Rotation physically restricted b. Tire deflated	Manual      Automatic	(For locked front wheels or displaced rear axles only)
RF <u>2</u> LF <u>2</u> RR <u>1</u> LR <u>1</u>	RF <u>2</u> LF <u>2</u> RR <u>1</u> LR <u>2</u>	RF $\pm$ ____ ° LF $\pm$ ____ ° RR $\pm$ <u>0.7</u> ° LR $\pm$ ____ ° Within $\pm$ 5 degrees
(1) Yes, (2) No, (8) NA, (9) Unk.	Average Track: <u>55.4</u> Maximum Width: <u>65.9</u> Curb Weight: <u>2011</u> Overall Length: <u>163.9</u> Wheel Base: <u>94.2</u> Engine Size: cyl. <u>4</u> displ. <u>1.6 / 97.6</u>	Sketches of vehicle damage and dimensions:
Bald	POST-CRASH dimensions: Front bumper height: [30] 30 Front bumper corner height: [93.5] 93.5 Front bumper corner stringline: [29.8] 29.8 Front bumper corner stringline: [32.3] 32.3	Front view sketch showing front end damage and dimensions.
	Stringline	Side view sketch showing side profile and dimensions.
	Stringline	Rear view sketch showing rear end damage and dimensions.
Note: Sketch new perimeter and cross hatch direct damage and single hatch induced damage on all views. Annotate observations which might be useful in reconstructing the accident (e.g., grass in tire bead, direction of striations, scuff on sidewall, etc.) If pulling trailer sketch type of trailer and damage received on the back of this page. Annotate any damage caused by extrication such as component removal by torching, prying or hydraulic shears. If the vehicle contacted a pedestrian, complete page 6R.	Front view sketch with handwritten dimensions and notes.	

Note: Sketch new perimeter and cross hatch direct damage and single hatch induced damage on all views. Annotate observations which might be useful in reconstructing the accident (e.g., grass in tire bead, direction of striations, scuff on sidewall, etc.) If pulling trailer sketch type of trailer and damage received on the back of this page. Annotate any damage caused by extrication such as component removal by torching, prying or hydraulic shears. If the vehicle contacted a pedestrian, complete page 6R.



NCI

**DAMAGE DESCRIPTION**

**Tire – Wheel Damage**

- a. Rotation physically restricted      b. Tire deflated

RF \_\_\_\_\_

RF \_\_\_\_\_

LF \_\_\_\_\_

LF \_\_\_\_\_

RR \_\_\_\_\_

RR \_\_\_\_\_

LR \_\_\_\_\_

LR \_\_\_\_\_

(1) Yes, (2) No, (8) NA, (9) Unk.

**TYPE OF TRANSMISSION**

Manual       Automatic

Average Track: \_\_\_\_\_

Maximum Width: \_\_\_\_\_

Curb Weight: \_\_\_\_\_

Overall Length: \_\_\_\_\_

Wheel Base: \_\_\_\_\_

Engine Size: cyl. \_\_\_\_\_  
displ. \_\_\_\_\_

**WHEEL STEER ANGLES**

(For locked front wheels or displaced rear axles only)

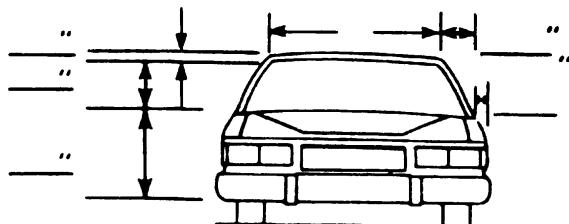
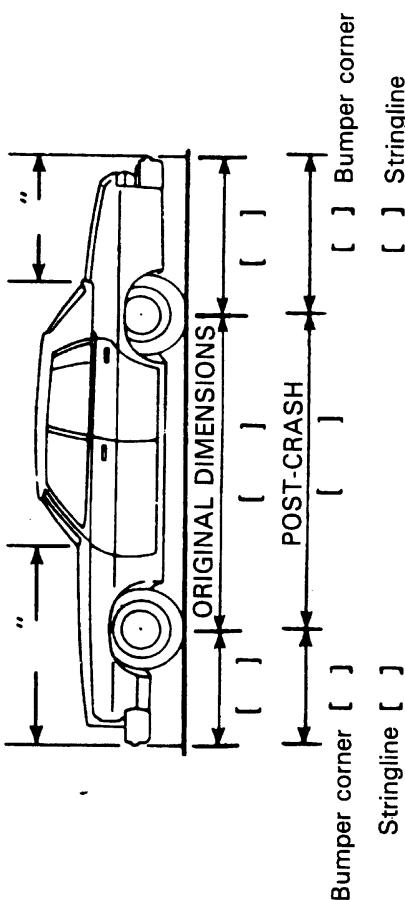
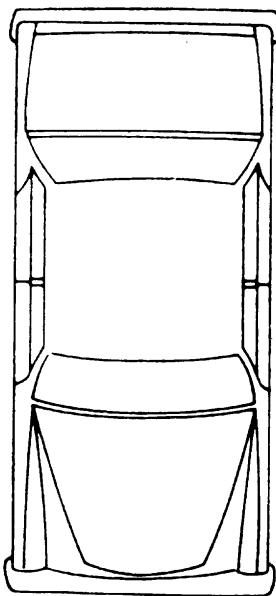
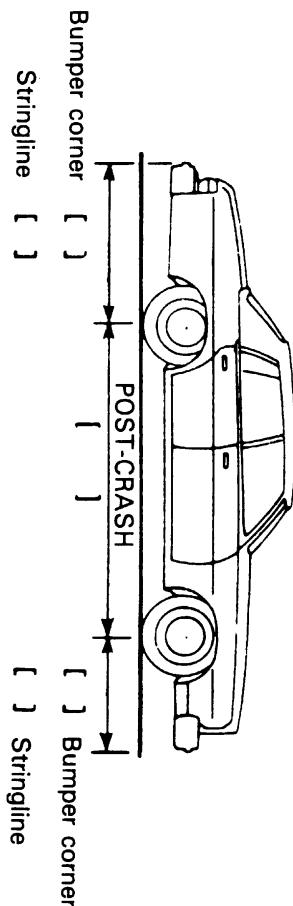
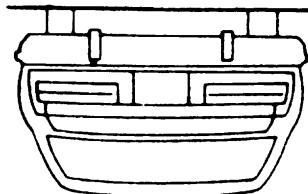
RF  $\pm$  \_\_\_\_\_ °

LF  $\pm$  \_\_\_\_\_ °

RR  $\pm$  \_\_\_\_\_ °

LR  $\pm$  \_\_\_\_\_ °

Within  $\pm 5$  degrees



Note: Sketch new perimeter and cross hatch direct damage and single hatch induced damage on all views. Annotate observations which might be useful in reconstructing the accident (e.g., grass in tire bead, direction of striations, scuff on sidewall, etc.).

If pulling trailer sketch type of trailer and damage received on the back of this page.

Annotate any damage caused by extrication such as component removal by torching, prying or hydraulic shears.

If the vehicle contacted a pedestrian, complete page 6R.

## National Accident Sampling System—Continuous Sampling Subsystem: Vehicle Data

NCI

**OBJECT CONTACTED**

- (00) Noncollision  
(01) through (30)  
If the object contacted by the vehicle under consideration was a motor vehicle in transport, code the Vehicle

**Number assigned to that vehicle**

- Collision with Stationary Object**

  - (31) Motor vehicle not in transport\*
  - (32) Tree ( $\leq 6$  inches in diameter)
  - (33) Tree ( $> 6$  inches in diameter)

#### **Highway/Traffic Supports**

- Highway Traffic Supports

  - (34) Luminaire - breakaway
  - (35) Luminaire - nonbreakaway
  - (36) Large sign - breakaway
  - (37) Large sign - nonbreakaway
  - (38) Small sign - breakaway
  - (39) Small sign - nonbreakaway
  - (40) Utility pole
  - (41) Traffic signal pole
  - (42) Delineator
  - (43) Other post, pole or support  
(specify): \_\_\_\_\_
  - (44) Fence
  - (45) Mail box
  - (46) Other movable object (specify): \_\_\_\_\_

- (47) Culvert
  - (48) Railroad tracks
  - (49) Curb
  - (50) Abutment
  - (51) Wall (stone, rock, metal, etc.)
  - (52) Embankment - earth
  - (53) Embankment - rock, stone or concrete
  - (54) Building, rigid
  - (55) Building, nonrigid
  - (56) Bridge pier or abutment

- (57) Bridge rail
  - (58) Bridge parapet end
  - (59) Guardrail - bridge rail transition
  - (60) Guardrail end (non-median)
  - (61) Guardrail end (median)
  - (62) Guardrail (non-median)
  - (63) Guardrail (median)
  - (64) Concrete barrier (non-median)
  - (65) Concrete barrier (median)
  - (66) Other median barrier (specify):

- (67) Other longitudinal barrier  
(non-median) (specify):

- (68) Impact attenuator/Crash cushion
  - (69) Ground
  - (70) Train
  - (71) Ditch
  - (72) Other stationary/fixed object  
(specify): \_\_\_\_\_

## **Collision with Nonstationary Objects**

- (73) Animal
  - (74) Trailer, disconnected in transport
  - (75) Train
  - (76) Other nonstationary objects (specify):

- (81) through (95)  
If the object contacted by the vehicle under consideration was pedestrian or nonmotorist, add eighty (80) to the assigned Pedestrian & Nonmotorist Number, and code the resultant sum.  
(96) Vehicle occupant  
(97) Other object (specify):  

---

  
(99) Unknown

**\*NOTE:** For coding CDC or TDC investigators must refer to appropriate reference documents for accurate coding. If this vehicle impacted a vehicle not in transport, fill in the information for that vehicle at the end of the CRASH Program Summary.

## DEFORMATION CLASSIFICATION BY EVENT NUMBER

Event Number (this vehicle)	Object Contacted	(1) (2) Direction of Force (degrees)	Incremental Value of Shift	(3) Deformation Location	(4) Specific Longitudinal or Lateral Location	(5) Specific Vertical or Lateral Location	(6) Type of Damage Distribution	(19) Deformation Extent Guide	Event Number (in accident)
1	Ø 1	630	Ø Ø	B	D	E	W	Ø 6	1
2	— —	— —	—	—	—	—	—	— —	—
3	— —	— —	—	—	—	—	—	— —	—
4	— —	— —	—	—	—	—	—	— —	—
5	— —	— —	—	—	—	—	—	— —	—
6	— —	— —	—	—	—	—	—	— —	—
7	— —	— —	—	—	—	—	—	— —	—

National Accident Sampling System — Continuous Sampling Subsystem: Vehicle Data

NCI

RESTRAINT SYSTEM		Front Seat: Left	Front Seat: Middle	Front Seat: Right	Second Seat: Left	Second Seat: Middle	Second Seat: Right	Third Seat: Left	Third Seat: Middle	Third Seat: Right	Other Position or Unit*
MANUAL	Availability	<u>3</u>	—	<u>3</u>	<u>2</u>	—	<u>2</u>	—	—	—	—
	Indication of Usage	<u>3</u>	—	<u>3</u>	—	—	—	—	—	—	—
AUTOMATIC	Availability	<u>0</u>	—	—	—	—	—	—	—	—	—
	Function	<u>9</u>	—	—	—	—	—	—	—	—	—
Manual Restraint System -Availability-			Manual Restraint System -Indication of Usage-			Automatic (Passive) Restraint System -Availability-			Automatic (Passive) Restraint System -Function-		
<ul style="list-style-type: none"> <li><input type="checkbox"/> (0) None available</li> <li><input type="checkbox"/> (1) Shoulder belt</li> <li><input type="checkbox"/> (2) Lap belt</li> <li><input type="checkbox"/> (3) Lap and shoulder belt</li> <li><input type="checkbox"/> (4) Motorcycle helmet</li> <li><input type="checkbox"/> (5) Child safety seat (designed without tether or unknown design)</li> <li><input type="checkbox"/> (6) Child safety seat (designed with tether - tether not used) (specify): _____</li> <li><input type="checkbox"/> (7) Child safety seat (designed with tether - tether used)</li> <li><input type="checkbox"/> (8) Restraint available - type unknown or other (specify): _____</li> <li><input type="checkbox"/> (9) Unknown</li> </ul>			<ul style="list-style-type: none"> <li><input type="checkbox"/> (0) None used</li> <li><input type="checkbox"/> (1) Shoulder belt</li> <li><input type="checkbox"/> (2) Lap belt</li> <li><input type="checkbox"/> (3) Lap and shoulder belt</li> <li><input type="checkbox"/> (4) Motorcycle helmet</li> <li><input type="checkbox"/> (5) Child safety seat - car lap belt used properly</li> <li><input type="checkbox"/> (6) Child safety seat - car lap belt used improperly (specify): _____</li> <li><input type="checkbox"/> (7) Child safety seat - unknown if car lap belt used properly</li> <li><input type="checkbox"/> (8) Restraint used - type unknown or other (specify): _____</li> <li><input type="checkbox"/> (9) Unknown</li> </ul>			<ul style="list-style-type: none"> <li><input type="checkbox"/> (0) Not equipped</li> <li><input type="checkbox"/> (1) Airbag</li> <li><input type="checkbox"/> (2) Airbag disconnected</li> <li><input type="checkbox"/> (3) Airbag not reinstalled</li> <li><input type="checkbox"/> (4) Two point automatic belts</li> <li><input type="checkbox"/> (5) Three point automatic belts</li> <li><input type="checkbox"/> (6) Automatic belts destroyed or rendered inoperable</li> <li><input type="checkbox"/> (9) Unknown</li> </ul>			<ul style="list-style-type: none"> <li><input type="checkbox"/> (0) Not equipped</li> <li><input type="checkbox"/> (1) Automatic belt in use</li> <li><input type="checkbox"/> (2) Automatic belt not in use</li> <li><input type="checkbox"/> (3) Deployed airbag</li> <li><input type="checkbox"/> (4) Non-deployed airbag</li> <li><input type="checkbox"/> (9) Unknown</li> </ul>		
Manual Restraint System -Indication of Usage-			Automatic (Passive) Restraint System -Function-			Infant or Child Seat Orientation			Infant or Child Restraint Harness/Shield Usage		
<ul style="list-style-type: none"> <li><input type="checkbox"/> (0) No infant or child seat</li> <li><input type="checkbox"/> (1) Rear facing</li> <li><input type="checkbox"/> (2) Forward facing</li> <li><input type="checkbox"/> (7) Other orientation (specify): _____</li> <li><input type="checkbox"/> (8) Unknown orientation</li> <li><input type="checkbox"/> (9) Unknown if restraint available</li> </ul>			<ul style="list-style-type: none"> <li><input type="checkbox"/> (0) No infant or child restraint</li> <li><input type="checkbox"/> (1) Infant seat</li> <li><input type="checkbox"/> (2) Child seat</li> <li><input type="checkbox"/> (3) Convertible seat</li> <li><input type="checkbox"/> (4) Booster seat</li> <li><input type="checkbox"/> (7) Other type seat (specify): _____</li> <li><input type="checkbox"/> (8) Unknown type restraint</li> <li><input type="checkbox"/> (9) Unknown if restraint available</li> </ul>			<ul style="list-style-type: none"> <li><input type="checkbox"/> (0) No infant or child restraint</li> <li><input type="checkbox"/> (1) Harness/shield used</li> <li><input type="checkbox"/> (2) Harness/shield not used</li> <li><input type="checkbox"/> (8) Unknown harness/shield usage</li> <li><input type="checkbox"/> (9) Unknown if restraint available</li> </ul>					
*Specify the Other Position or Unit referenced: _____											
INDICATIONS OF EJECTION		If ejection is suspected or reported, indicate the avenue; for multiple avenues number them and utilize the same numbers consistently throughout.			Ejection Medium			Medium Status			
<input type="checkbox"/> No ejection					<input type="checkbox"/> Door (side)	<input type="checkbox"/> Open					
Ejection Area		<ul style="list-style-type: none"> <li><input type="checkbox"/> Windshield</li> <li><input type="checkbox"/> Left front</li> <li><input type="checkbox"/> Right front</li> <li><input type="checkbox"/> Left rear</li> <li><input type="checkbox"/> Right rear</li> <li><input type="checkbox"/> Rear</li> </ul> <ul style="list-style-type: none"> <li><input type="checkbox"/> Roof</li> <li><input type="checkbox"/> Other area (e.g., sidecar, back of pickup, etc.)</li> <li><input type="checkbox"/> Unknown</li> </ul>			<input type="checkbox"/> Door (rear)	<input type="checkbox"/> Separation					
					<input checked="" type="checkbox"/> Open roof structure	<input type="checkbox"/> Closed, closed when damaged					
					<input type="checkbox"/> Fixed windows	<input type="checkbox"/> Integral structure ripped opened					
					<input type="checkbox"/> Other medium type	<input type="checkbox"/> Status known					
					<input type="checkbox"/> Unknown						
					<input type="checkbox"/> Operable windows						
					<input type="checkbox"/> Roll down type						
					<input type="checkbox"/> Hinged typed						
					<input type="checkbox"/> Sliding type						
					<input type="checkbox"/> Other type window						
<i>rear window</i>											
FRONT		CHECK ALL AREAS of SUSPECTED OCCUPANT CONTACT									
<ul style="list-style-type: none"> <li><input type="checkbox"/> Windshield</li> <li><input type="checkbox"/> Mirror</li> <li><input type="checkbox"/> Sunvisor</li> <li><input type="checkbox"/> Steering wheel rim</li> <li><input type="checkbox"/> Steering wheel hub/spoke</li> <li><input type="checkbox"/> Steering wheel (combination of rim/hub/spoke)</li> <li><input type="checkbox"/> Steering column, transmission selector lever, other attachment</li> <li><input type="checkbox"/> Add on equipment (e.g., CB, tape deck, air conditioner)</li> <li><input type="checkbox"/> Left instrument panel and below</li> <li><input type="checkbox"/> Center instrument panel and below</li> <li><input type="checkbox"/> Right instrument panel and below</li> <li><input type="checkbox"/> Other front object</li> </ul>		<ul style="list-style-type: none"> <li><input type="checkbox"/> Other side object</li> </ul>									
SIDE		<ul style="list-style-type: none"> <li><input type="checkbox"/> INTERIOR</li> <li><input type="checkbox"/> Seat, back support</li> <li><input type="checkbox"/> Belt restraint system</li> <li><input type="checkbox"/> Head restraint system</li> <li><input type="checkbox"/> Air cushion</li> <li><input type="checkbox"/> Other occupants</li> <li><input type="checkbox"/> Interior loose objects</li> <li><input type="checkbox"/> Other interior object</li> </ul>									
		<ul style="list-style-type: none"> <li><input type="checkbox"/> ROOF</li> <li><input type="checkbox"/> Front header</li> <li><input type="checkbox"/> Rear header</li> <li><input type="checkbox"/> Roof side rails</li> <li><input type="checkbox"/> Roof or convertible top</li> </ul>									
		<ul style="list-style-type: none"> <li><input type="checkbox"/> FLOOR</li> <li><input type="checkbox"/> Floor</li> <li><input type="checkbox"/> Floor or console mounted transmission lever, including console</li> <li><input type="checkbox"/> Parking brake handle</li> <li><input type="checkbox"/> Foot controls including parking brake</li> </ul>									
REAR		<ul style="list-style-type: none"> <li><input type="checkbox"/> EXTERIOR OF OCCUPANT'S VEHICLE</li> <li><input type="checkbox"/> Noncycle</li> <li><input type="checkbox"/> Hood</li> <li><input type="checkbox"/> Outside hardware (e.g., outside mirror, antenna)</li> <li><input type="checkbox"/> Other exterior surface or tires</li> <li><input type="checkbox"/> Unknown exterior objects</li> </ul>									
		<ul style="list-style-type: none"> <li><input type="checkbox"/> CYCLE</li> <li><input type="checkbox"/> Handle bars or attachments</li> <li><input type="checkbox"/> Frame or suspension component or fender</li> <li><input type="checkbox"/> Seat</li> <li><input type="checkbox"/> Foot pedal, foot rest, foot pegs</li> <li><input type="checkbox"/> Wheel or tire</li> <li><input type="checkbox"/> Engine or transmission</li> <li><input type="checkbox"/> Gas tank, gas tank filling cap or neck</li> <li><input type="checkbox"/> Other cycle part</li> </ul>									

## National Accident Sampling System – Continuous Sampling Subsystem: Vehicle Data

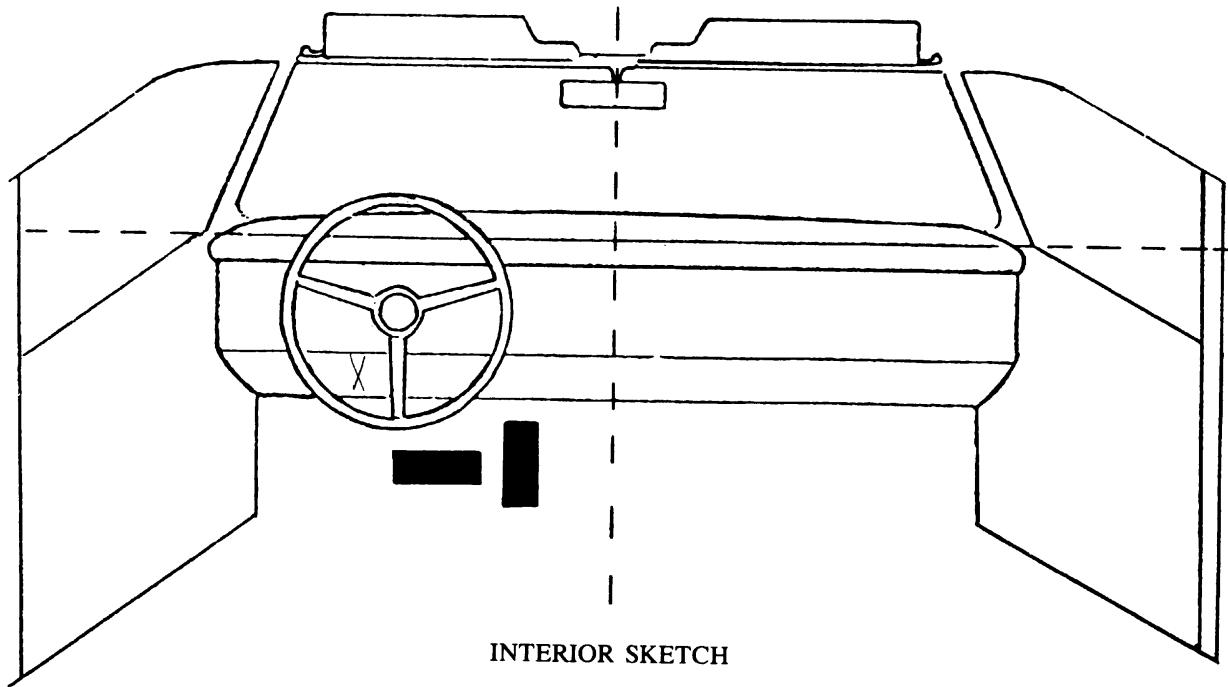
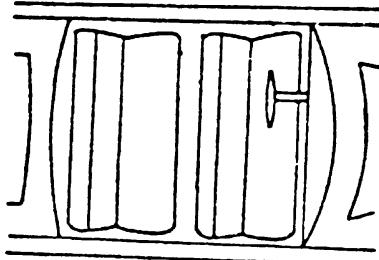
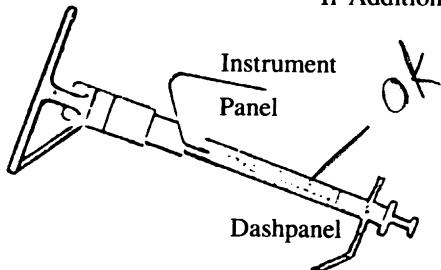
NCI

## VEHICLE INTERIOR

## POINTS OF OCCUPANT CONTACT

CONTACT	INTERIOR PART CONTACTED	SUPPORTING PHYSICAL EVIDENCE	Confidence Level of Contact Point
A	dash lower	cracked	1 2
B			1 2
C			1 2
D			1 2
E			1 2
F			1 2
G			1 2
H			1 2

If Additional Contact Points, Continue on Reverse Side



INTERIOR SKETCH

Sketch controls in appropriate positions, if contacted. Sketch and describe all occupant contact points (i.e., dents, skin transfer, etc.) and code on preceding page. Dash lines indicate center of instrument panel-windshield area and top of panel for reference purposes.

Codes for Confidence Level of Contact Point are: Certain – 1; and possible – 2.

## National Accident Sampling System — Continuous Sampling Subsystem: Driver Data

NCI

## ACCIDENT DESCRIPTION INSTRUCTIONS

Do not interrupt person during general description (narrative), unless he/she requests your assistance. Attempt to summarize the narrative while minimizing any disruptions of the person's internal logic. Specific questions may be asked later. Write these questions down in the space below or on the other side of the paper, prior to the interview.

SPECIFIC QUESTION: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

GENERAL DESCRIPTION OF ACCIDENT

(This section)

Delete After Case Review

## Estimated Travel Speed

(NOTE: Record as obtained from interviewee in increments of 5 m.p.h.; note information source e.g., speedometer, estimate, etc.)

- Stopped       Less than 5 m.p.h.  
 20 Actual speed (in increments)  
 Not applicable       Unknown

## Estimated Impact Speed

(NOTE: Record as obtained from interviewee in increments of 5 m.p.h.; note information source e.g., speedometer, estimate, etc.)

- Stopped       Less than 5 m.p.h.  
 15 Actual speed (in increments)  
 Not applicable       Unknown

## INFORMATION SOURCE:

## National Accident Sampling System – Continuous Sampling Subsystem: Driver Data

NCI

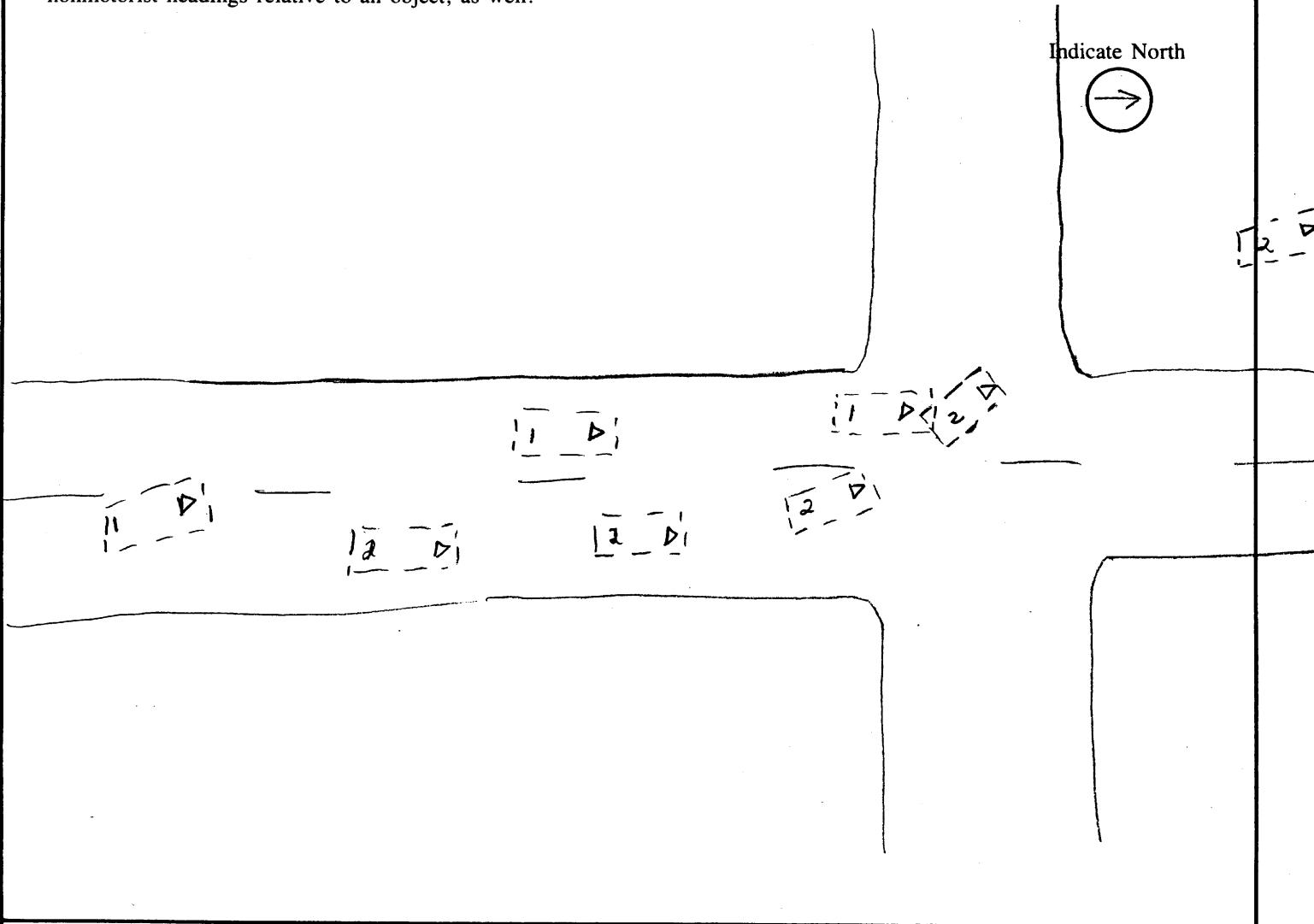
PRE-CRASH			Travel Lane (NOTE: Lane one is the curb or shoulder lane; lane two is the next lane, etc. to the median or centerline. Opposing lanes are numbered similarly and distinguished by direction of travel.)					
Direction of Travel			<input checked="" type="checkbox"/> North <input type="checkbox"/> Southeast <input type="checkbox"/> East <input type="checkbox"/> Northwest <input type="checkbox"/> South <input type="checkbox"/> Southwest <input type="checkbox"/> West <input type="checkbox"/> Not applicable <input type="checkbox"/> Northeast <input type="checkbox"/> Unknown					
			<input type="checkbox"/> 1st lane <input type="checkbox"/> On shoulder <input type="checkbox"/> 2nd lane <input type="checkbox"/> On trafficway <input type="checkbox"/> 3rd lane <input type="checkbox"/> Off road <input type="checkbox"/> 4th lane <input type="checkbox"/> Outside trafficway <input type="checkbox"/> 5th or additional lane <input type="checkbox"/> Not applicable <input type="checkbox"/> <input type="checkbox"/> Unknown					
<sup>1</sup> Object Contacted <input checked="" type="checkbox"/> Motor vehicle <input type="checkbox"/> Guardrail <input type="checkbox"/> Ditch <input type="checkbox"/> Ground <input type="checkbox"/> Tree <input type="checkbox"/> Pole <input type="checkbox"/> Sign <input type="checkbox"/> Pedacyclist <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other: _____ <input type="checkbox"/> Unknown			<sup>2</sup> Vehicle Impact Location <input type="checkbox"/> (1) Front <input type="checkbox"/> (2) Right side <input type="checkbox"/> (3) Rear <input type="checkbox"/> (4) Left side <input type="checkbox"/> (5) Top <input type="checkbox"/> (6) Undercarriage <input type="checkbox"/> (7) Other: _____ <input type="checkbox"/> (8) Not applicable <input type="checkbox"/> (9) Unknown			<sup>3</sup> Vehicle Orientation <input type="checkbox"/> (1) Tracking, no skidding (includes controlled turn) <input type="checkbox"/> (2) Tracking, skidding <input type="checkbox"/> (3) Rotated clockwise to path of travel <input type="checkbox"/> (4) Rotated counterclockwise to path of travel <input type="checkbox"/> (5) Rolling over <input type="checkbox"/> (6) Jackknifed <input type="checkbox"/> (7) Other: _____ <input type="checkbox"/> (8) Not applicable <input type="checkbox"/> (9) Unknown		
DRIVER VIEW of TOTAL ACCIDENT CONTACT SEQUENCE								
Did More Than Six Impacts Occur? <input checked="" type="checkbox"/> Unknown, <input type="checkbox"/> No, <input type="checkbox"/> Yes: code the six severest impacts.								
Event Number (Driver)	Final Event Number (Investigator)	Object Contacted <sup>1</sup>	One Vehicle			Other Vehicle—if applicable		
			Vehicle Number	Event Location <sup>2</sup>	Vehicle Orientation <sup>3</sup>	Vehicle Number	Event Location <sup>2</sup>	Vehicle Orientation <sup>3</sup>
1	<u>1</u>	<input checked="" type="checkbox"/>	<u>2</u>	<u>3</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>2</u>
2	—	—	—	—	—	—	—	—
3	—	—	—	—	—	—	—	—
4	—	—	—	—	—	—	—	—
5	—	—	—	—	—	—	—	—
6	—	—	—	—	—	—	—	—
POST-CRASH			Driver Inputs Between Last Point-of-Impact and Final Rest Position					
Final Rest Position			<input type="checkbox"/> None <input type="checkbox"/> Braking <input type="checkbox"/> Steering left <input type="checkbox"/> Steering right <input type="checkbox"/> Braking and steering left <input type="checkbox"/> Braking and steering right <input type="checkbox"/> Acceleration followed by braking <input type="checkbox"/> Acceleration followed by braking and steering <input type="checkbox"/> Releasing brake <input type="checkbox"/> Other: _____					
<input type="checkbox"/> On roadway <input type="checkbox"/> On shoulder <input type="checkbox"/> In parking lane <input type="checkbox"/> In median <input checked="" type="checkbox"/> Off road (beyond shoulder area) <input type="checkbox"/> Other: _____  <input type="checkbox"/> Not applicable <input type="checkbox"/> Unknown			<input type="checkbox"/> Not applicable <input checked="" type="checkbox"/> Unknown					
If multiple impacts occurred, describe driver inputs between initial and last point-of-impact.  <hr/> <hr/>								

## National Accident Sampling System — Continuous Sampling Subsystem: Driver Data

NCI

## ACCIDENT DIAGRAM

Draw a rough sketch of the accident sequence as described by the driver. Note impact and final rest positions carefully. If possible, relate these to some identifiable object in the area, and record vehicle and pedestrian or nonmotorist headings relative to an object, as well.



Any luggage or other cargo in vehicle when accident occurred? Estimated Weight: 0 lbs.

Describe: \_\_\_\_\_

Hazardous cargo in vehicle?  No  Yes If yes, specify: \_\_\_\_\_

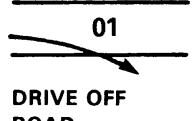
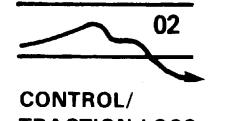
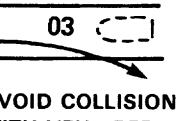
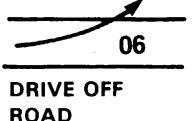
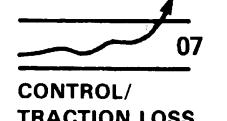
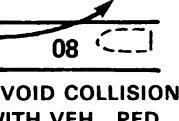
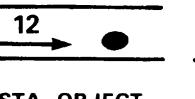
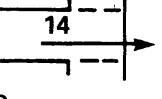
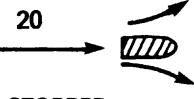
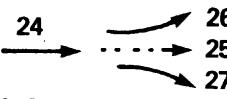
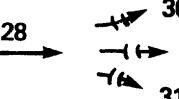
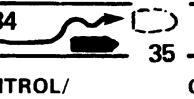
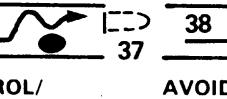
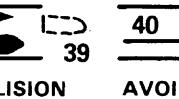
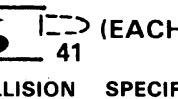
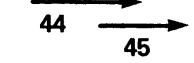
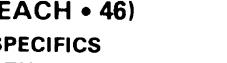
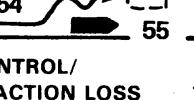
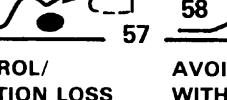
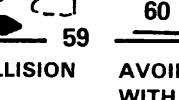
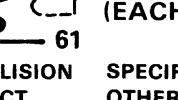
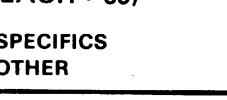
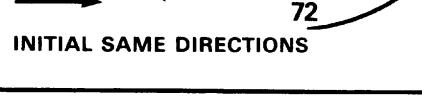
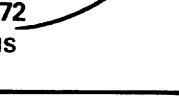
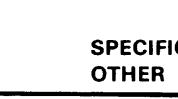
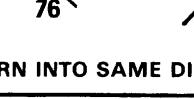
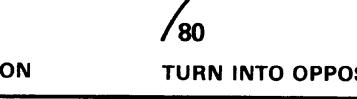
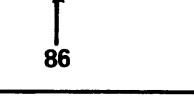
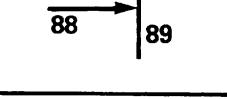
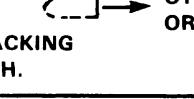
Present location of vehicle (if not yet inspected)? \_\_\_\_\_

Did any of the Following Restrictions of the Road Exist Prior to the Accident

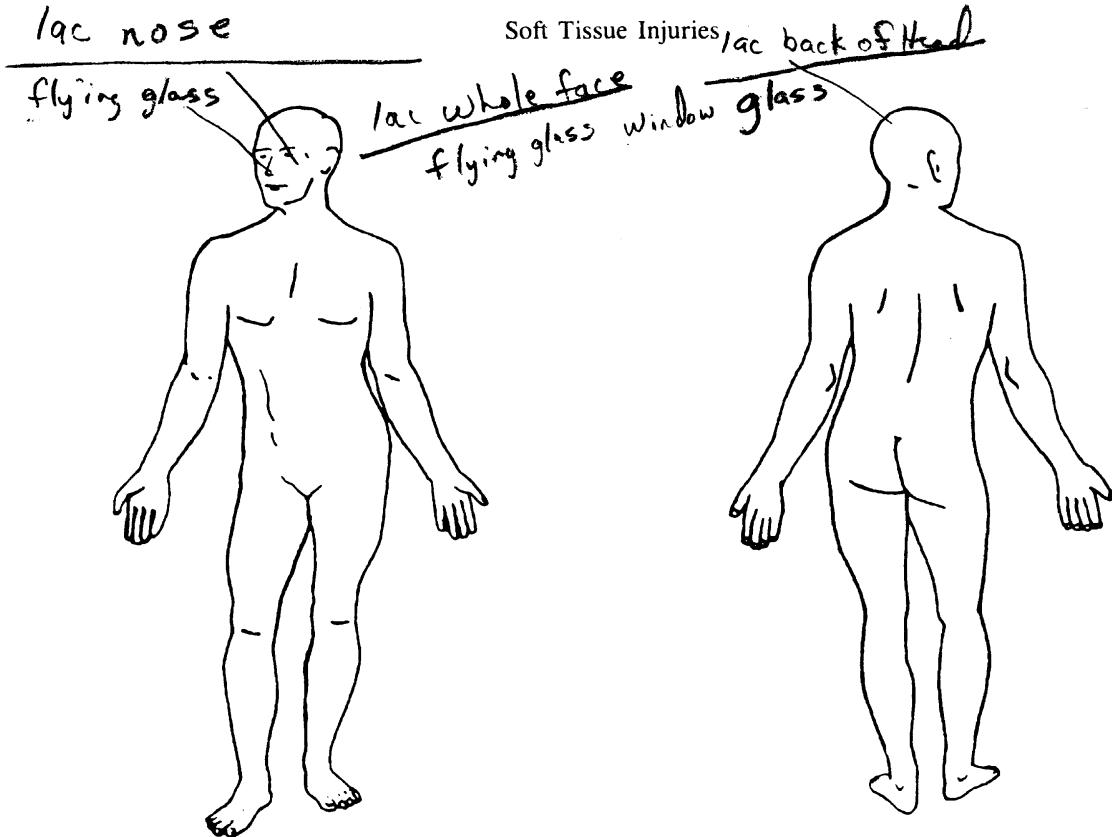
- None
- Narrow bridge (as defined)
- Previous accident
- Maintenance, repair, or construction activity on roadway
- Roadway immersion (standing water)
- Unknown

## Road Surface Condition

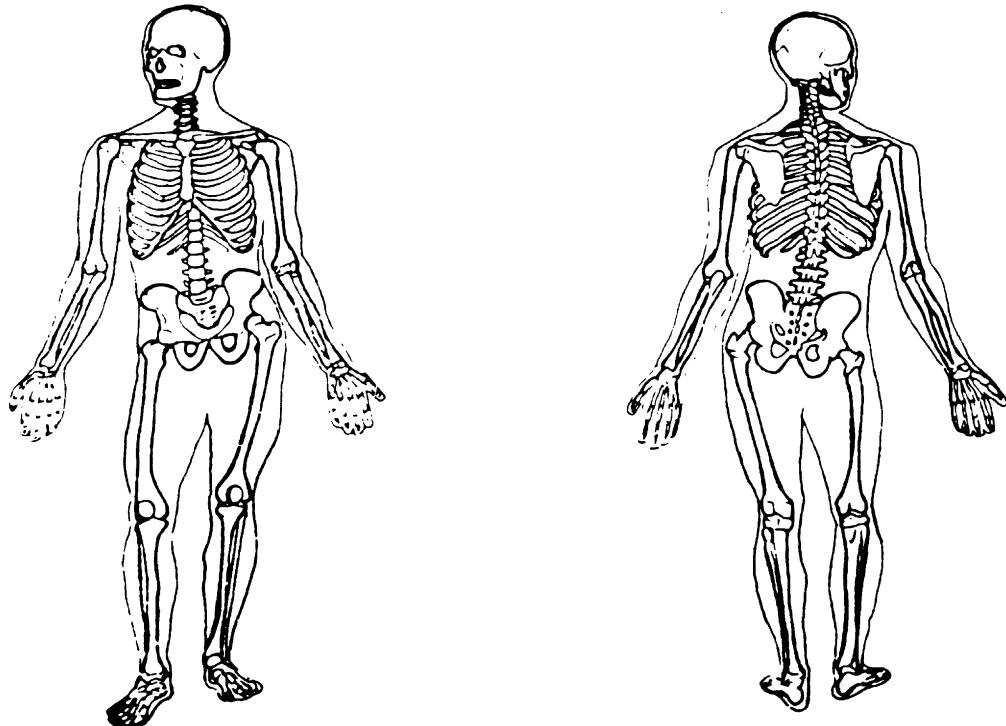
- Dry
- Snow or slush
- Wet
- Ice
- Sand, dirt or oil
- Unknown

Category	Configuration	ACCIDENT TYPES (Includes Intent)					
I. Single Driver	A. Right Roadside Departure				04 SPECIFICS OTHER	05 SPECIFICS UNKNOWN	
	B. Left Roadside Departure				09 SPECIFICS OTHER	10 SPECIFICS UNKNOWN	
	C. Forward Impact					15 SPECIFICS OTHER	16 SPECIFICS UNKNOWN
II. Same Trafficway Same Direction	D. Rear-End					(EACH • 32) SPECIFICS OTHER	(EACH • 33) SPECIFICS UNKNOWN
	E. Forward Impact					(EACH • 42)(EACH • 43) SPECIFICS OTHER	(EACH • 43) SPECIFICS UNKNOWN
	F. Sideswipe/Angle			(EACH • 46) SPECIFICS OTHER	(EACH • 47) SPECIFICS UNKNOWN		
III. Same Trafficway Opposite Direction	G. Head-On			(EACH • 52) SPECIFICS OTHER	(EACH • 53) SPECIFICS UNKNOWN		
	H. Forward Impact					(EACH • 62)(EACH • 63) SPECIFICS OTHER	(EACH • 63) SPECIFICS UNKNOWN
	I. Sideswipe/Angle			(EACH • 66) SPECIFICS OTHER	(EACH • 67) SPECIFICS UNKNOWN		
IV. Change Trafficway Vehicle Turning	J. Turn Across Path					(EACH • 74)(EACH • 75) SPECIFICS OTHER	(EACH • 75) SPECIFICS UNKNOWN
	K. Turn Into Path					(EACH • 84)(EACH • 85) SPECIFICS OTHER	(EACH • 85) SPECIFICS UNKNOWN
V. Intersecting Paths (Vehicle Damage)	L. Straight Paths			(EACH • 90) SPECIFICS OTHER	(EACH • 91) SPECIFICS UNKNOWN		
VI. Miscellaneous	M. Backing Etc.			98 Other Accident Type 99 Unknown Accident Type 00 No Impact			

## INJURY DATA FROM INTERVIEWEE OR UNOFFICIAL SOURCE

Indicate the *Nature*, *Location*, and injury *Source* of all injuries.Specify Source: Driver

Skeletal Injuries

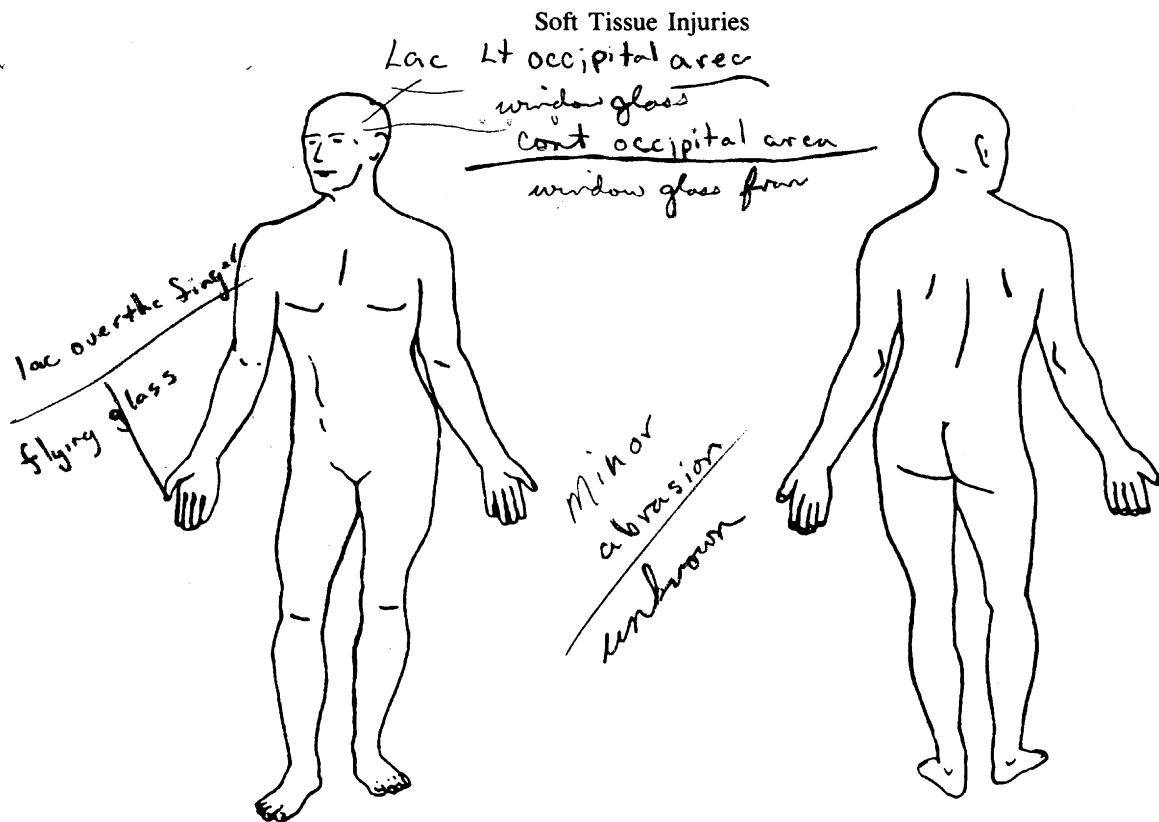


## National Accident Sampling System — Continuous Sampling Subsystem: Occupant Data

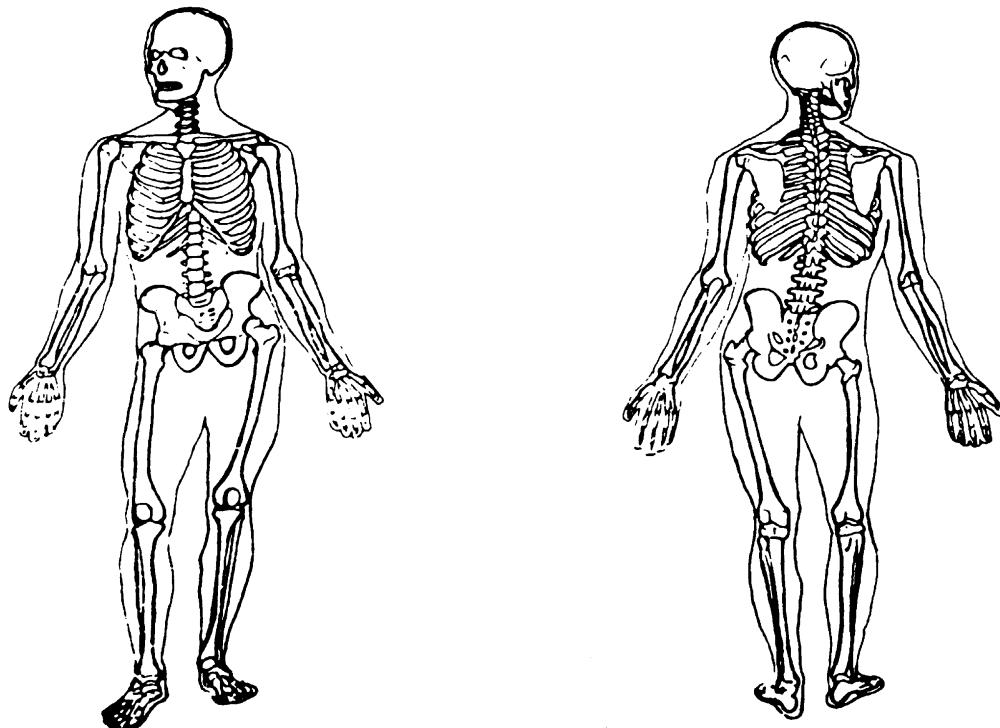
NCI

## OFFICIAL INJURY DATA

Indicate the *Nature*, *Location*, and injury *Source* of all injuries.



## Skeletal Injuries



Write additional medical record injury data on reverse of this page

11

## **ADDITIONAL MEDICAL RECORD INJURY DATA USED IN CODING OIC/AIS**

## National Accident Sampling System—Continuous Sampling Subsystem: Occupant Data

NCI

O C C U P A N T   I N J U R Y   C L A S S I F I C A T I O N

Consider all injuries which are reported from both unofficial and official sources. The information from official sources takes precedence over similar injuries reported by any other source. In other words, do not list the same injury twice; supersede the interview data with official data in the case of similar injuries. List all injuries by official medical sources first. Police reported injuries may be used, but only when no other source of injury information is available.

Were more than ten (10) injuries sustained?        Unknown,        No,        Yes — If more than ten dissimilar injuries were identified during the interview, from collection of official data, and from other unofficial sources (excluding police), list those from the official records first, exhausting that level of data before listing those from the interviewee or other sources.

I.S.S.	O.I.C.								Source of Data
Body Region	Body Region	Aspect	Lesion	System/ Organ	A.I.S.	Injury Source	Direct/ Indirect Injury	Source of Data	
1	b	w	u	l	I	1	97	7	Ø 3
2	b	u	u	A	I	1	97	7	Ø 3
3	b	H	P	L	I	1	18	1	Ø 3
4	b	H	P	C	I	1	18	1	Ø 3
5	b	F	C	L	I	1	97	1	Ø 7
6	b	F	w	L	I	1	97	1	Ø 7
7	—	—	—	—	—	—	—	—	—
8	—	—	—	—	—	—	—	—	—
9	—	—	—	—	—	—	—	—	—
10	—	—	—	—	—	—	—	—	—

## I.S.S. Body Region

- (1) Head or neck
- (2) Face
- (3) Chest
- (4) Abdominal or pelvic contents
- (5) Extremities or pelvic girdle
- (6) General (external)
- (0) Not injured
- (9) Unknown

## O.I.C. Body Region

- (M) Abdomen
- (Q) Ankle - foot
- (A) Arm (upper)
- (B) Back - thoracolumbar spine
- (C) Chest
- (E) Elbow
- (F) Face
- (R) Forearm
- (H) Head - skull
- (U) Injured, unknown region
- (K) Knee
- (L) Leg (lower)
- (Y) Lower limb(s) (whole or unknown part)
- (N) Neck - cervical spine
- (P) Pelvic - hip
- (S) Shoulder
- (T) Thigh
- (X) Upper limb(s) (whole or unknown part)
- (O) Whole body
- (W) Wrist - hand
- (0) Not injured
- (9) Unknown if injured

## Aspect of Injury

- (A) Anterior - front
- (C) Central
- (I) Inferior - lower
- (U) Injured, unknown aspect
- (L) Left
- (P) Posterior - back
- (R) Right
- (S) Superior - upper
- (W) Whole region
- (0) Not injured
- (9) Unknown if injured

## Lesion

- (A) Abrasion
- (M) Amputation
- (V) Avulsion
- (B) Burn
- (K) Concussion
- (C) Contusion
- (N) Crush
- (G) Detachment, separation
- (D) Dislocation
- (F) Fracture
- (Z) Fracture and dislocation
- (U) Injured, unknown lesion
- (L) Laceration
- (O) Other
- (P) Perforation, puncture
- (R) Rupture
- (S) Sprain
- (T) Strain
- (E) Total severance, transection
- (0) Not injured
- (9) Unknown if injured

## System/Organ

- (W) All systems in region
- (A) Arteries - veins
- (B) Brain
- (D) Digestive
- (E) Ears
- (O) Eye
- (H) Heart
- (U) Injured, unknown system
- (I) Integumentary
- (J) Joints
- (K) Kidneys
- (L) Liver
- (M) Muscles
- (N) Nervous system
- (P) Pulmonary - lungs
- (R) Respiratory
- (S) Skeletal
- (C) Spinal cord
- (Q) Spleen
- (T) Thyroid, other endocrine gland
- (G) Urogenital
- (V) Vertebrae
- (0) Not injured
- (9) Unknown if injured

## Abbreviated Injury Scale

- (1) Minor injury
- (2) Moderate injury
- (3) Serious injury
- (4) Severe injury
- (5) Critical injury
- (6) Maximum (untreatable)
- (7) Injured, unknown severity
- (0) Not injured
- (9) Unknown if injured

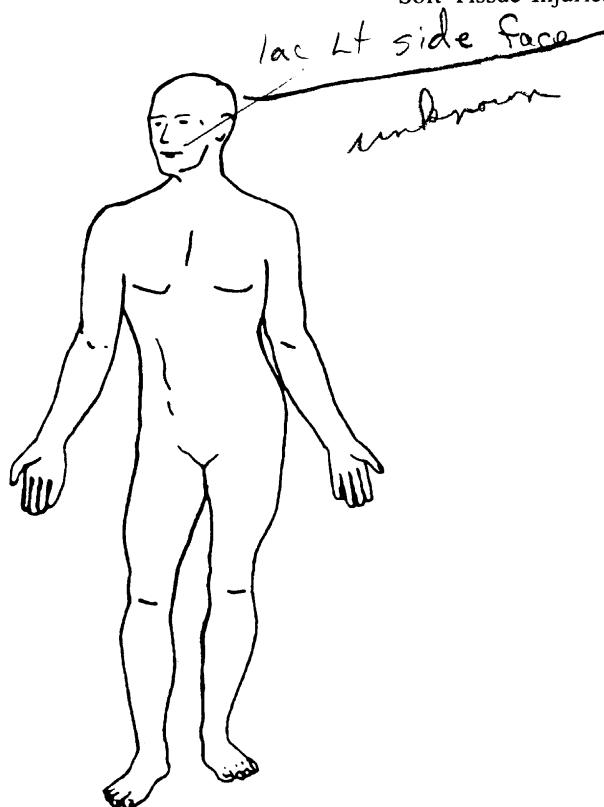
## National Accident Sampling System — Continuous Sampling Subsystem: Occupant Data

NCI

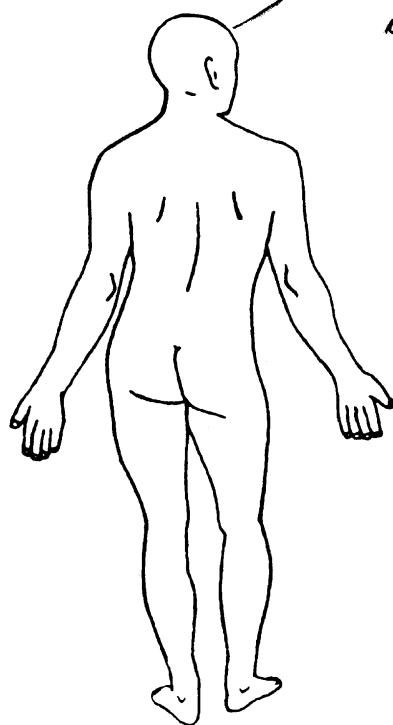
## INJURY DATA FROM INTERVIEWEE OR UNOFFICIAL SOURCE

Indicate the *Nature*, *Location*, and injury *Source* of all injuries.Specify Source: ~~Driver~~ Driver

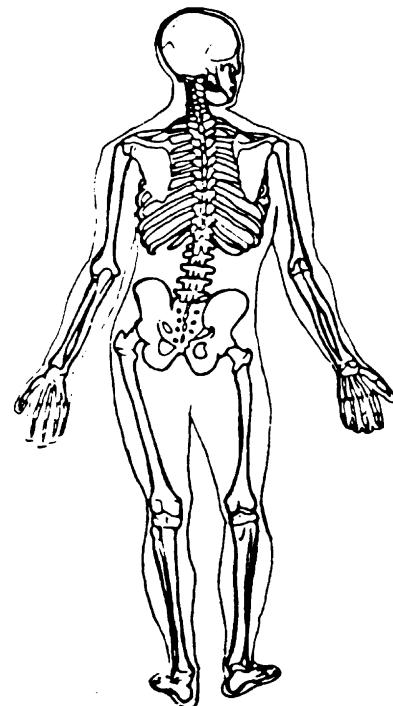
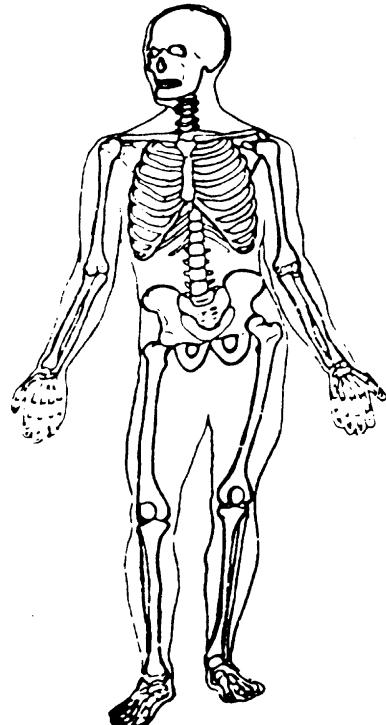
## Soft Tissue Injuries



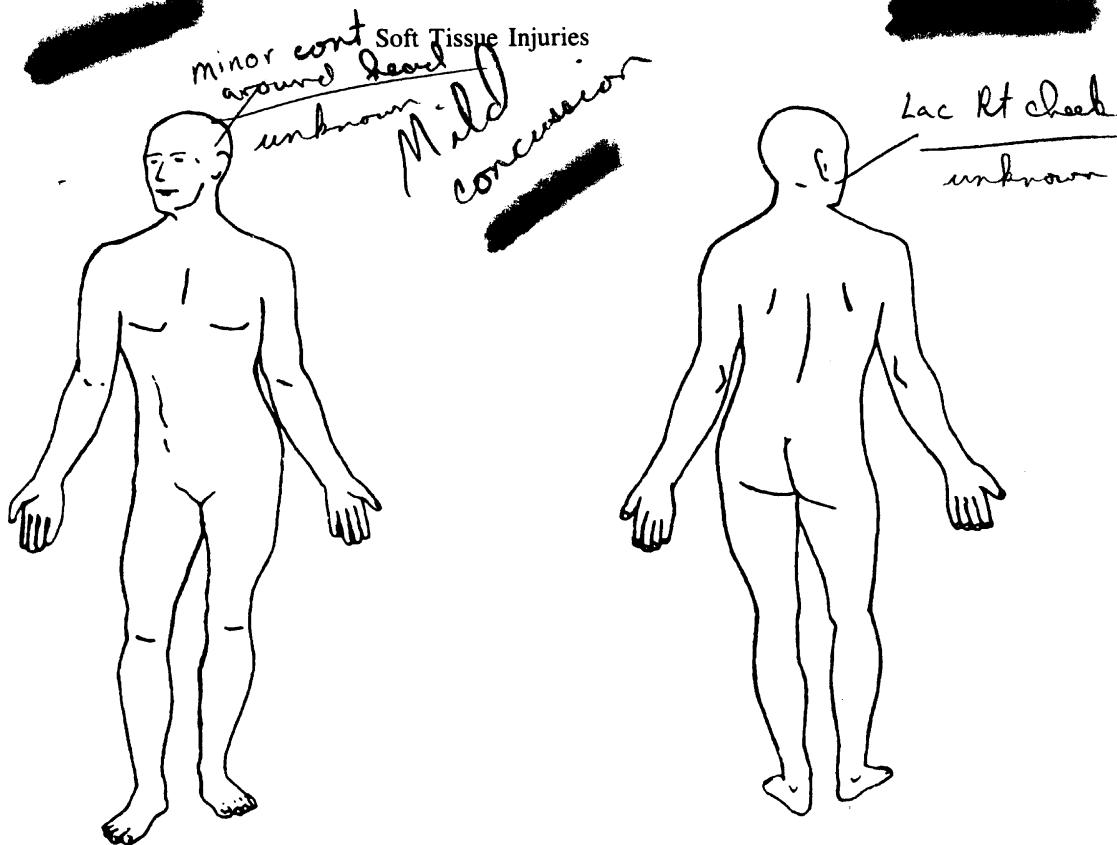
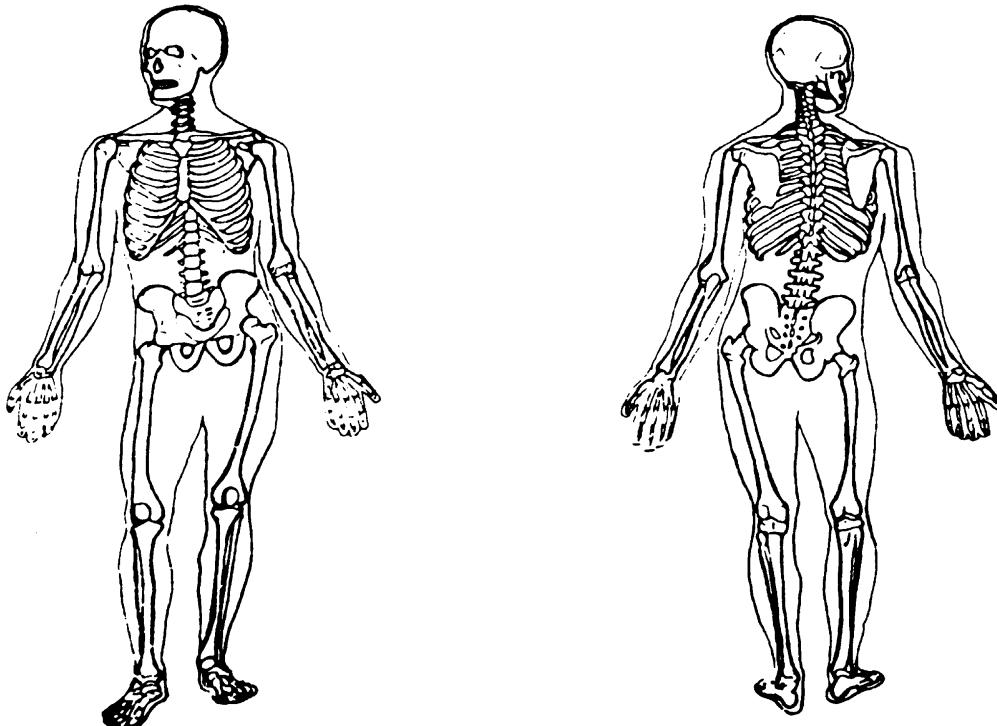
concussion  
under nose



## Skeletal Injuries



NCI

**OFFICIAL INJURY DATA**Indicate the *Nature*, *Location*, and injury *Source* of all injuries.**Skeletal Injuries**

Write additional medical record injury data on reverse of this page

PSU/Case Number 8 3 0 1 5 8

Vehicle No.: 2  
Occupant No.: 2

NCI

## **ADDITIONAL MEDICAL RECORD INJURY DATA USED IN CODING OIC/AIS**

## National Accident Sampling System—Continuous Sampling Subsystem: Occupant Data

NCI

OCCUPANT INJURY CLASSIFICATION

Consider all injuries which are reported from both unofficial and official sources. The information from official sources takes precedence over similar injuries reported by any other source. In other words, do not list the same injury twice; supersede the interview data with official data in the case of similar injuries. List all injuries by official medical sources first. Police reported injuries may be used, but only when no other source of injury information is available.

Were more than ten (10) injuries sustained? \_\_\_ Unknown, \_\_\_ No, \_\_\_ Yes — If more than ten dissimilar injuries were identified during the interview, from collection of official data, and from other unofficial sources (excluding police), list those from the official records first, exhausting that level of data before listing those from the interviewee or other sources.

I.S.S. Body Region	O.I.C. Body Region	Aspect	Lesion	System/ Organ	A.I.S. Severity	Injury Source	Direct/ Indirect Injury	Source of Data	Source of Data
1	L	H	W	K	B	2	97	7	QZ
2	6	H	U	C	I	1	97	7	OZ
3	6	F	R	L	I	1	97	?	QZ
4	—	—	—	—	—	—	—	—	—
5	—	—	—	—	—	—	—	—	—
6	—	—	—	—	—	—	—	—	—
7	—	—	—	—	—	—	—	—	—
8	—	—	—	—	—	—	—	—	—
9	—	—	—	—	—	—	—	—	—
10	—	—	—	—	—	—	—	—	—

I.S.S. Body Region

- (1) Head or neck
- (2) Face
- (3) Chest
- (4) Abdominal or pelvic contents
- (5) Extremities or pelvic girdle
- (6) General (external)
- (0) Not injured
- (9) Unknown

O.I.C. Body Region

- (M) Abdomen
- (Q) Ankle - foot
- (A) Arm (upper)
- (B) Back - thoracolumbar spine
- (C) Chest
- (E) Elbow
- (F) Face
- (R) Forearm
- (H) Head - skull
- (U) Injured, unknown region
- (K) Knee
- (L) Leg (lower)
- (Y) Lower limb(s) (whole or unknown part)
- (N) Neck - cervical spine
- (P) Pelvic - hip
- (S) Shoulder
- (T) Thigh
- (X) Upper limb(s) (whole or unknown part)
- (O) Whole body
- (W) Wrist - hand
- (0) Not injured
- (9) Unknown if injured

Aspect of Injury

- (A) Anterior - front
- (C) Central
- (I) Inferior - lower
- (U) Injured, unknown aspect
- (L) Left
- (P) Posterior - back
- (R) Right
- (S) Superior - upper
- (W) Whole region
- (0) Not injured
- (9) Unknown if injured

Lesion

- (A) Abrasion
- (M) Amputation
- (V) Avulsion
- (B) Burn
- (K) Concussion
- (C) Contusion
- (N) Crush
- (G) Detachment, separation
- (D) Dislocation
- (F) Fracture
- (Z) Fracture and dislocation
- (U) Injured, unknown lesion
- (L) Laceration
- (O) Other
- (P) Perforation, puncture
- (R) Rupture
- (S) Sprain
- (T) Strain
- (E) Total severance, transection
- (0) Not injured
- (9) Unknown if injured

System/Organ

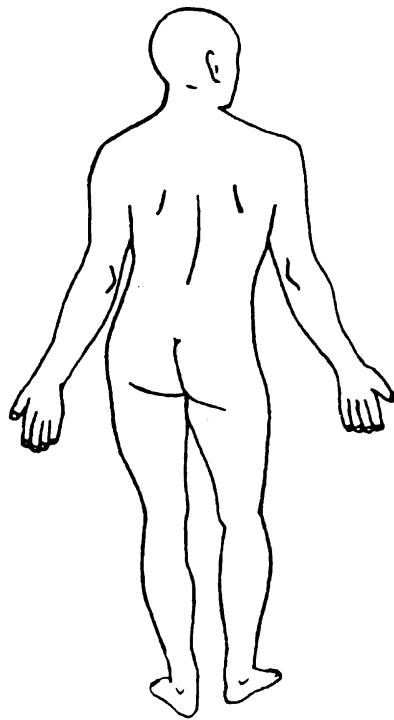
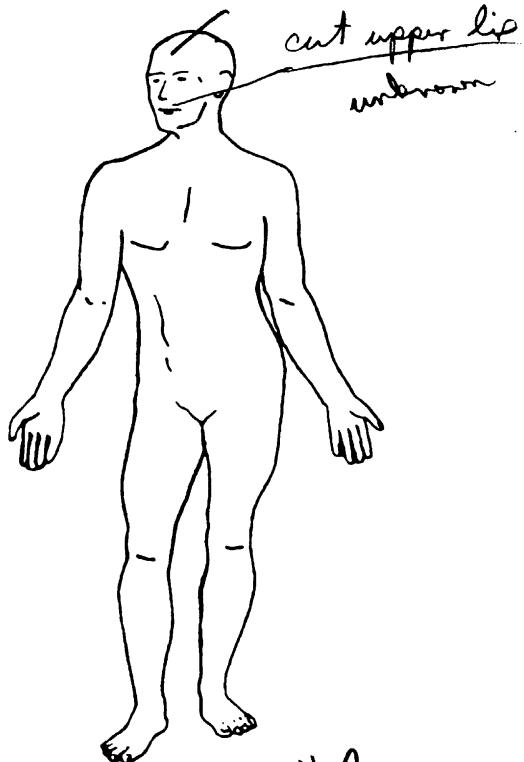
- (W) All systems in region
- (A) Arteries - veins
- (B) Brain
- (D) Digestive
- (E) Ears
- (O) Eye
- (H) Heart
- (U) Injured, unknown system
- (I) Integumentary
- (J) Joints
- (K) Kidneys
- (L) Liver
- (M) Muscles
- (N) Nervous system
- (P) Pulmonary - lungs
- (R) Respiratory
- (S) Skeletal
- (C) Spinal cord
- (Q) Spleen
- (T) Thyroid, other endocrine gland
- (G) Urogenital
- (V) Vertebrae
- (0) Not injured
- (9) Unknown if injured

Abbreviated Injury Scale

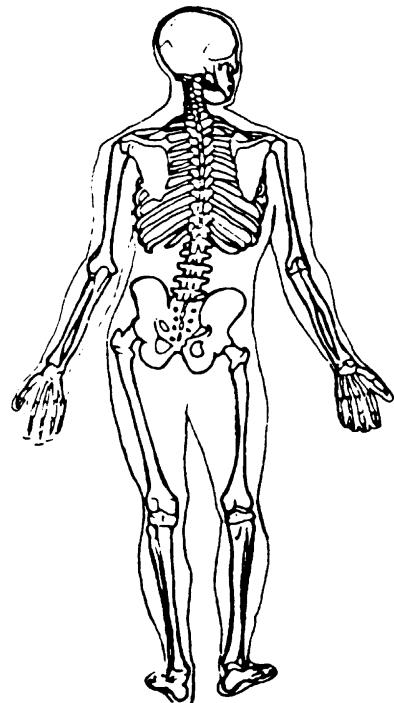
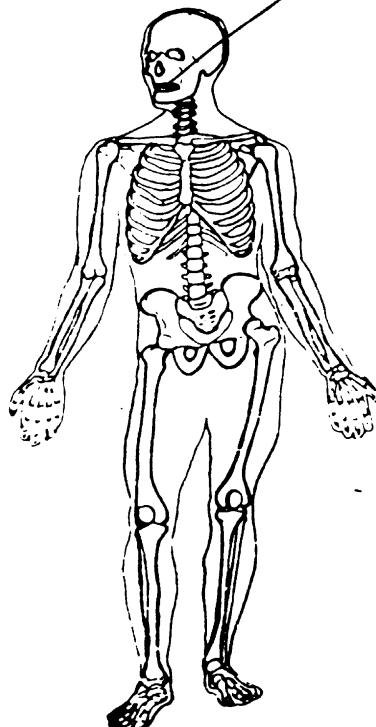
- (1) Minor injury
- (2) Moderate injury
- (3) Serious injury
- (4) Severe injury
- (5) Critical injury
- (6) Maximum (untreatable)
- (7) Injured, unknown severity
- (0) Not injured
- (9) Unknown if injured

NCI

## INJURY DATA FROM INTERVIEWEE OR UNOFFICIAL SOURCE

Indicate the *Nature*, *Location*, and injury *Source* of all injuries.Specify Source: Driver~~lac center forehead  
Soft Tissue Injuries~~~~tooth fx  
unbroken~~

Skeletal Injuries



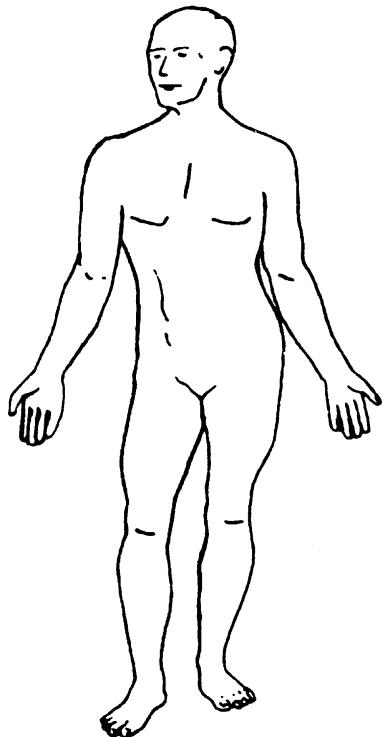
## National Accident Sampling System – Continuous Sampling Subsystem: Occupant Data

NCI

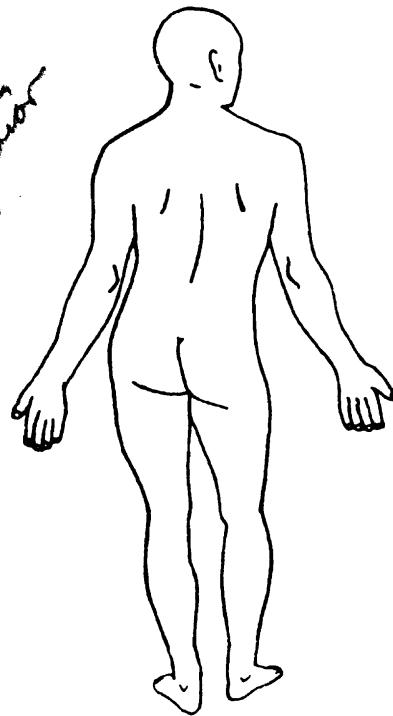
## OFFICIAL INJURY DATA

Indicate the *Nature*, *Location*, and *injury Source* of all injuries.

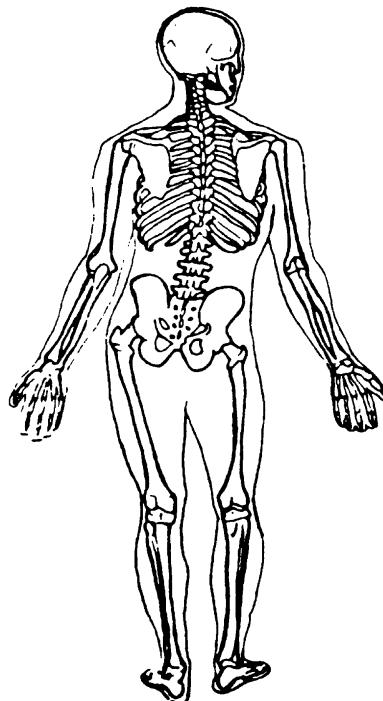
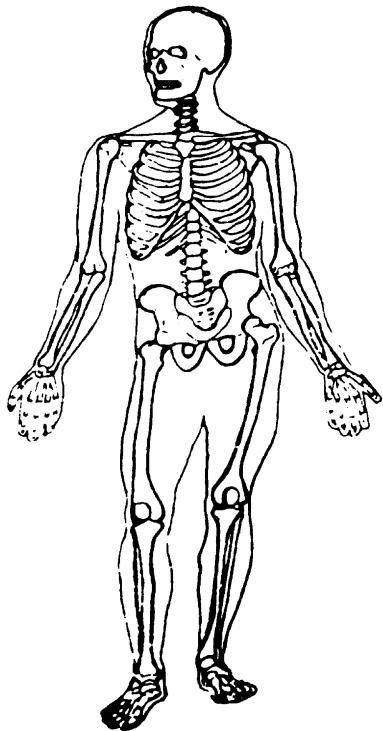
## Soft Tissue Injuries



No signs of contusion



## Skeletal Injuries



Write additional medical record injury data on reverse of this page

PSU/Case Number 8 3 0 1 5 B

Vehicle No.: Q2  
Occupant No.: 3

NCI

## **ADDITIONAL MEDICAL RECORD INJURY DATA USED IN CODING OIC/AIS**

## National Accident Sampling System—Continuous Sampling Subsystem: Occupant Data

OCCUPANT INJURY CLASSIFICATION

Consider all injuries which are reported from both unofficial and official sources. The information from official sources takes precedence over similar injuries reported by any other source. In other words, do not list the same injury twice; supersede the interview data with official data in the case of similar injuries. List all injuries by official medical sources first. Police reported injuries may be used, but only when no other source of injury information is available.

Were more than ten (10) injuries sustained?        Unknown,        No,        Yes — If more than ten dissimilar injuries were identified during the interview, from collection of official data, and from other unofficial sources (excluding police), list those from the official records first, exhausting that level of data before listing those from the interviewee or other sources.

I.S.S. Body Region	O.I.C. Body Region	Aspect	Lesion	System/ Organ	A.I.S. Severity	Injury Source	Direct/ Indirect Injury	Source of Data
1 <u>6</u>	<u>F</u>	<u>S</u>	<u>L</u>	<u>I</u>	<u>1</u>	<u>97</u>	<u>7</u>	<u>Ø7</u>
2 <u>6</u>	<u>F</u>	<u>I</u>	<u>L</u>	<u>I</u>	<u>1</u>	<u>97</u>	<u>7</u>	<u>Ø7</u>
3 <u>Ø2</u>	<u>F</u>	<u>I</u>	<u>F</u>	<u>S</u>	<u>1</u>	<u>97</u>	<u>7</u>	<u>Ø7</u>
4 —	—	—	—	—	—	—	—	—
5 —	—	—	—	—	—	—	—	—
6 —	—	—	—	—	—	—	—	—
7 —	—	—	—	—	—	—	—	—
8 —	—	—	—	—	—	—	—	—
9 —	—	—	—	—	—	—	—	—
10 —	—	—	—	—	—	—	—	—

Source of Data

## Official

- (01) Autopsy records with or without hospital/medical records
- (02) Hospital medical records other than emergency room (e.g., discharge summary)
- (03) Emergency room records only (including associated x-rays or other lab reports)
- (04) Private physician, walk-in or emergency clinic

## Unofficial

- (05) Lay coroner report
- (06) E.M.S. personnel
- (07) Interviewee
- (08) Other source:

- (09) Police
- (99) Unknown if injured
- (00) Not injured

I.S.S. Body Region

- (1) Head or neck
- (2) Face
- (3) Chest
- (4) Abdominal or pelvic contents
- (5) Extremities or pelvic girdle
- (6) General (external)
- (0) Not injured
- (9) Unknown

O.I.C. Body Region

- (M) Abdomen
- (Q) Ankle - foot
- (A) Arm (upper)
- (B) Back - thoracolumbar spine
- (C) Chest
- (E) Elbow
- (F) Face
- (R) Forearm
- (H) Head - skull
- (U) Injured, unknown region
- (K) Knee
- (L) Leg (lower)
- (Y) Lower limb(s) (whole or unknown part)
- (N) Neck - cervical spine
- (P) Pelvic - hip
- (S) Shoulder
- (T) Thigh
- (X) Upper limb(s) (whole or unknown part)
- (O) Whole body
- (W) Wrist - hand
- (0) Not injured
- (9) Unknown if injured

Aspect of Injury

- (A) Anterior - front
- (C) Central
- (I) Inferior - lower
- (U) Injured, unknown aspect
- (L) Left
- (P) Posterior - back
- (R) Right
- (S) Superior - upper
- (W) Whole region
- (0) Not injured
- (9) Unknown if injured

Lesion

- (A) Abrasion
- (M) Amputation
- (V) Avulsion
- (B) Burn
- (K) Concussion
- (C) Contusion
- (N) Crush
- (G) Detachment, separation
- (D) Dislocation
- (F) Fracture
- (Z) Fracture and dislocation
- (U) Injured, unknown lesion
- (L) Laceration
- (O) Other
- (P) Perforation, puncture
- (R) Rupture
- (S) Sprain
- (T) Strain
- (E) Total severance, transection
- (0) Not injured
- (9) Unknown if injured

System/Organ

- (W) All systems in region
- (A) Arteries - veins
- (B) Brain
- (D) Digestive
- (E) Ears
- (O) Eye
- (H) Heart
- (U) Injured, unknown system
- (I) Integumentary
- (J) Joints
- (K) Kidneys
- (L) Liver
- (M) Muscles
- (N) Nervous system
- (P) Pulmonary - lungs
- (R) Respiratory
- (S) Skeletal
- (C) Spinal cord
- (Q) Spleen
- (T) Thyroid, other endocrine gland
- (G) Urogenital
- (V) Vertebrae
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Abbreviated Injury Scale

- (1) Minor injury
- (2) Moderate injury
- (3) Serious injury
- (4) Severe injury
- (5) Critical injury
- (6) Maximum (untreatable)
- (7) Injured, unknown severity
- (0) Not injured
- (9) Unknown if injured



CRASH Program Summary

This form presents the CRASH Program summary information for traffic units numbered:			
	NASS	Vehicle No.	Make Model
First Vehicle	1	<u>Ply</u>	<u>Turismo</u>
Second Vehicle	2	<u>Ford</u>	<u>Escort</u>

2. VEHICLE CLASS WEIGHT?

Veh # 1	Class	Occupant	Cargo	Curb	2
Weight:	370	0	225	2628	
Veh # 2	Class				1
Weight:	320	0	2011	2331	
				320	

3. Veh # 1    CDC  
              PDOF

12 EDEW 1  
± — — —

4. Veh # 2    CDC  
              PDOF

06 R D E W 6  
0165

5. VEHICLE STIFFNESS?

Veh # 1	180	2
Veh # 2	180	L

6. KNOWLEDGE of REST and IMPACT POSITIONS?

No — skip to 38. — Damage Dimensions  
 Yes:

7. REST

Veh # 1 X — — — . —  
Y — — — . —  
ψ — — — . —

Veh # 2 X — — — . —  
Y — — — . —  
ψ — — — . —

8. IMPACT

Veh # 1 X — — — . —  
Y — — — . —  
ψ — — — . —

Veh # 2 X — — — . —  
Y — — — . —  
ψ — — — . —

9. Slip angles PRIOR to impact?

No — skip to 11.  
 Yes

10. Slip angles

Veh # 1  
Veh # 2

± — — —  
± — — —

11. SUSTAINED CONTACT?

No  
 Yes

12. SKIDDING of Vehicle One?

No — skip to 15.  
 Yes

Primary Sampling Unit Number

83

Case Number — Stratification

0150

Common Impact Number

01

13. Did SKIDDING stop prior to final rest?

No — skip to 15.  
 Yes:

14. Location

X — — — . —

Y — — — . —

ψ — — — . —

15. Was Vehicle One's PATH CURVED?

No — skip to 17.  
 Yes:

16. Point on Path

X — — — . —

Y — — — . —

17. ROTATION DIRECTION of Vehicle One?

None — skip to 19.  
 Clockwise:  
 Counterclockwise:

18. More than 360 degrees?

No  
 Yes

19. SKIDDING OF Vehicle Two?

No — skip to 22.  
 Yes:

20. Did SKIDDING stop prior to final rest?

No — skip to 22.  
 Yes:

21. Location

X — — — . —

Y — — — . —

ψ — — — . —

22. Was Vehicle Two's PATH CURVED?

No — skip to 24.  
 Yes:

23. Point on Path

X — — — . —

Y — — — . —

24. ROTATION DIRECTION of Vehicle Two?

None — skip to 26.  
 Clockwise:  
 Counterclockwise:

25. More than 360 degrees

No  
 Yes

26. Tire-Ground FRICTION?

— . — — —

National Accident Sampling System – Continuous Sampling Subsystem: CRASH Program Summary

27. ROLLING RESISTANCE? [Option (1) or (2)]  (1) Proportion of Braking Each Wheel	38. Are DAMAGE DIMENSIONS Known?  ____ No – PROGRAM COMPLETED! ____ Yes: Dimensions in Inches
28. ROLLING RESISTANCES for Veh #1 RF _____ Individual Wheels LF _____ RR _____ LR _____	39. Side damage 42. End damage  Veh #1 L <i>0610</i>
29. ROLLING RESISTANCES for Veh #2 RF _____ Individual Wheels LF _____ RR _____ LR _____	40. Side damage 43. End damage  C <sub>1</sub> <i>006.8</i> C <sub>2</sub> <i>006.5</i> C <sub>3</sub> <i>006.2</i> C <sub>4</sub> <i>006.2</i> C <sub>5</sub> <i>006.5</i> C <sub>6</sub> <i>005.5</i>
OR (2) Longitudinal Deceleration	
30. Veh #1 _____ 31. Veh #2 _____	41. Side damage 44. End damage  D <i>0000</i>
32. TRAJECTORY SIMULATION?  ____ No – skip to 38. ____ Yes: Steer angles?	
33. STEER ANGLES  Veh #1 RF _____ LF _____ RR _____ LR _____	45. Side damage 48. End damage  Veh #2 L <i>610</i>
34. STEER ANGLES  Veh #2 RF _____ LF _____ RR _____ LR _____	46. Side damage 49. End damage  C <sub>1</sub> <i>34.5</i> C <sub>2</sub> <i>30.5</i> C <sub>3</sub> <i>24.1</i> C <sub>4</sub> <i>18.5</i> C <sub>5</sub> <i>13.5</i> C <sub>6</sub> <i>9.8</i>
35. TERRAIN BOUNDARY?  ____ No – skip to 38. ____ Yes: Boundary Points?	
36. BOUNDARY POINTS  XBP1 _____ YBP1 _____ XBP2 _____ YBP2 _____	47. Side damage 50. End damage  D <i>0000</i>
37. SECONDARY FRICTION COEFFICIENT? _____	

If this Common Impact was with a Motor Vehicle *Not in Transport*, fill in the information below.

Model Year: \_\_\_\_\_ Make: \_\_\_\_\_  
 Curb Weight: \_\_\_\_\_ lbs Model: \_\_\_\_\_  
 Cargo Weight: \_\_\_\_\_ lbs  
 Total Occupant Weight: \_\_\_\_\_ lbs VIN: \_\_\_\_\_

The CDC, crush profile (C<sub>1</sub> through C<sub>6</sub>), and trajectory measurements for this vehicle should be recorded above.

Complete and ATTACH the appropriate schematic and damage dimensions (Vehicle Form – page 6 and 6A-6P) to this Form.

|||||||  
LOGMSG - 07:56:08 EST [REDACTED] /86  
\*\* PLEASE TYPE NEWS MEMO 309 - [REDACTED] AND [REDACTED] SNA DIAL ACCESS \*\*  
\*\* DISCONTINUATION \*\*  
\*\* PLEASE TYPE NEWS MEMO 311 - NEW SPOOL LIMIT DEFAULTS \*\*  
\*\* PLEASE TYPE NEWS MEMO 314 - CHAMPAIGN IL ACCESS SERVICE REMOVAL \*\*  
\*\* PLEASE TYPE NEWS MEMO 315 - DELETION OF SAS/TELL-A-GRAF INTERFACE \*\*  
LOGON AT 10:03:19 EST [REDACTED] /86 LINE OBB (3-1-173)  
CMS/SP REL 3 [REDACTED] /86 V016  
D (292) R/O  
MAIL WAITING.  
DASD 292 DETACHED  
R;

SESSION  
TIME IS 10:03:30 EST [REDACTED] /86  
CONNECT= 00:00:09 APPROX CSU=3.19  
R;

[REDACTED]-85 1985 NASS MDE VERSION 8.2 ACTIVATED  
[REDACTED]-85 CONTINUOUS SAMPLING SYSTEM ACTIVATED

>

PLEASE TRY AGAIN...

EXECUTABLE COMMANDS:

MESSAGE SAMPLE84 NASS84 NASSMOD BARRIER4 CRASH POLES OLDMIS LOGOFF

>CRASH

TERM OUTPUT OFF

TERM OUTPUT OFF

ENTER TYPE OF CRASH RUN?  
(COMPLETE, ABBREVIATED, RERUN, PRINT, SMAC, OR END)  
>A

WILL THE INPUT FOR THIS RUN BE IN METRIC FORM?  
(ANSWER YES OR NO)

>N

1. TITLE?

>015B

2. CLASS/WEIGHTS?

>2 2628 12331 2331

\*\*\* SYNTAX ERROR \*\*\*

CHECK # OF ENTRIES, ILLEGAL CHARACTERS, ETC.

2. CLASS/WEIGHTS?

>2 2628 1 2331

3. CDC/PDOF # 1?

>12FDEW1

4. CDC/PDOF # 2?

>06BDEW6 +165

5. VEHICLE 1 AND VEHICLE 2 STIFFNESS CATEGORIES?

>2 1

6. REST & IMPACT? (Y OR N)

>N

38. DAMAGE DIMENSIONS? (Y OR N)

>Y

42. END DAMAGE WIDTH #1

>60

43. END DAMAGE DEPTH #1

>6.8 6.5 6.2 6.2 6.5 5.5

44. END DAMAGE MIDPOINT OFFSET #1

>0

48. END DAMAGE WIDTH #2

>61

49. END DAMAGE DEPTH #2

>34.5 30.5 24.1 18.5 13.5 9.8

50. END DAMAGE MIDPOINT OFFSET # 2

>0

CRASH INPUT COMPLETED  
THANK YOU VERY MUCH

DO YOU WANT THE PRINTOUT TO BE IN METRIC UNITS?  
(ANSWER YES OR NO)

>N

S U M M A R Y   O F   C R A S H 3   R E S U L T S

015B

SPEED CHANGE (DAMAGE)

	TOTAL	LONG.	LAT.	ANG.
VEH#1	24.0 MPH	-24.0 MPH	0.0 MPH	-0.0 DEG.
VEH#2	27.0 MPH	26.1 MPH	-7.0 MPH	165.0 DEG.

ENERGY DISSIPATED BY DAMAGE   VEH#1   16381.9 FT-LB   VEH#2   108095.9 FT-LB

ENTER TYPE OF CRASH RUN?  
(COMPLETE, ABBREVIATED, RERUN, PRINT, SMAC, OR END)  
>P

DO YOU WANT THE PRINTOUT TO BE IN METRIC UNITS?  
(ANSWER YES OR NO)

>N

S U M M A R Y   O F   C R A S H 3   R E S U L T S

015B

**VEHICLE # 1**

VEHICLE # 2

## SUMMARY OF DAMAGE DATA

(\* INDICATES DEFAULT VALUE)

BEST AVAILABLE

VEHICLE # 1

TYPE-----CATEGORY 2  
 WEIGHT----- 2628.0 LBS.  
 CDC-----12FDEW1  
 L----- 60.0 IN.  
 C1----- 6.8 IN.  
 C2----- 6.5 IN.  
 C3----- 6.2 IN.  
 C4----- 6.2 IN.  
 C5----- 6.5 IN.  
 C6----- 5.5 IN.  
 D----- 0.0  
 RHO----- 1.00 \*  
 ANG----- -0.1 DEG. \*  
 D'----- -0.5 IN.

VEHICLE # 2

TYPE-----CATEGORY 1  
 WEIGHT----- 2331.0 LBS.  
 CDC-----06BDEW6  
 L----- 61.0 IN.  
 C1----- 34.5 IN.  
 C2----- 30.5 IN.  
 C3----- 24.1 IN.  
 C4----- 18.5 IN.  
 C5----- 13.5 IN.  
 C6----- 9.8 IN.  
 D----- 0.0  
 RHO----- 1.00 \*  
 ANG----- 165.0 DEG.  
 D'----- -6.2 IN.

## DIMENSIONS AND INERTIAL PROPERTIES

A1	=	46.3 INCHES	A2	=	45.1 INCHES
B1	=	50.1 INCHES	B2	=	48.1 INCHES
TR1	=	54.6 INCHES	TR2	=	51.1 INCHES
I1	=	20070.5 LB-SEC**2-IN	I2	=	12101.4 LB-SEC**2-IN
M1	=	6.801 LB-SEC**2/IN	M2	=	6.033 LB-SEC**2/IN
XF1	=	83.3 INCHES	XF2	=	76.0 INCHES
XR1	=	-91.6 INCHES	XR2	=	-83.8 INCHES
YS1	=	33.6 INCHES	YS2	=	30.4 INCHES

ENTER TYPE OF CRASH RUN?  
 (COMPLETE, ABBREVIATED, RERUN, PRINT, SMAC, OR END)  
 >END

CRASH PROGRAM COMPLETED.

00000183015B 8609.ON21 020013111140110300000100000021386 [REDACTED] 86 B [REDACTED] 860319  
01001383015B 8609.ON20212083090821P [REDACTED] 800411314300000012010000000000000000000010212FDEW011 0060007007006  
01002383015B 8609.ON006007006+000 10050100000000000000100130000230000124-24+00016499  
01000483015B 8609.ON2010214806008005000280398000096630000022022122000302212 98000+00122550916122  
01011583015B 8609.ON201012017318010100004000000003300UTM1903030000000000  
01012583015B 8609.ON100  
01021583015B 8609.ON201022016919020300004000000003300UCI1977030000000000  
01022583015B 8609.ON100  
02001383015B 8609.ON20322082121311FABP0529CR105320030042430000000001102000000000000000000010106BDEW061 0061035031024  
02002383015B 8609.ON019014010+000 10053700000000000000100410000200000127+26-07108105  
02000483015B 8609.ON20203161050120003000300101000096630000022022122000302212 98000+00122550916122  
02011583015B 8609.ON202013726418010100004000200003000HPLI118103HPCI118103WULI197703UUAI197703FCLI197707FWLI197707  
02012583015B 8609.ON200  
02021583015B 8609.ON20202091540702020163230197000000000HWKB297702HUCI197702FRLI1977020000000000  
02022583015B 8609.ON300  
02031583015B 8609.ON20203091540702030163240097000003000FIFS197707FILII197707FSLI1977070000000000  
02032583015B 8609.ON100  
99000083015B 8609.ON000000100

1. PSU: 83 2. Case #: 015B 3. Record #: 1 - ACCIDENT DATA  
4. Trans Code: 1 5. Version: 09.0 Accident Date : [REDACTED] /86

----- IDENTIFICATION -----

6. Investigator I.D. Number ... [REDACTED] 7. Type of Case ..... 1 /  
9. Blank ..... 10. Number of Vehicle Forms ... 02 /  
11. Number of Pedestrian Forms 00 / 12. First Harmful Event ..... 13 /  
13. Manner of Collision ..... 1 14. Relation to Roadway ..... 1 /

----- AMBIENT CONDITIONS -----

15. Time ..... 11:40 16. Light Conditions ..... 1 /  
17. Atmospheric Conditions ..... 1 18. Relation to Junction ..... 03 /  
19. Interchange Geometry ..... 0 / 20. Occurrence in School Zone ... 0 /  
21. School Bus Related ..... 0 22. Right/Left Turn on Red ..... 0 /

----- ENVIRONMENTAL DATA -----

23. Environmental Data ..... 01

----- SPECIAL STUDIES - INDICATORS -----

24. SS8-Longitudinal Barrier ... 0 / 25. SS9-Crash Cushion ..... 0 /  
26. SS12 ..... 0 / 27. SS13 ..... 0 /  
28. SS14 ..... 0 29. SS15 ..... 0 /

Released [REDACTED] -86

1. PSU: 83      2. Case #: 015B      3. Record #: 3 - VEHICLE DATA  
4. Trans Code: 1    5. Version: 09.0    6. Accident Date : [REDACTED] /86

----- IDENTIFICATION -----

6. Investigator I.D. Number ... [REDACTED] 7. Vehicle Number ..... 01-  
8. Number of Occupant Forms .. 02 [REDACTED] 9. Vehicle Role ..... 1-  
10. Manner of Leaving Scene .... 2 [REDACTED] 11. Hit and Run Involvement .... 0-

----- EXTERIOR ITEMS -----

12. Vehicle Model Year ..... 83 13. Vehicle Make ..... 09-  
14. Vehicle Model [REDACTED] 15. Registration of Vehicle ..... 2-  
16. V.I.N. .... IP3BM54C7DD [REDACTED] 17. Body Type ..... 03-  
18. Towed Trailing Unit ..... 0 19. Seating Cap./Truck Voc. ... 04-

----- Tire Condition: Axle, Tire, Condition -----

20. First Tire ..... 1 1 3 [REDACTED]  
21. Second Tire ..... 1 4 3 [REDACTED]  
22. Third Tire ..... 0 0 0 [REDACTED]  
23. Fourth Tire ..... 0 0 0 [REDACTED]

----- Type of Outside Mirror -----

24. Left ..... 1 25. Right ..... 2-  
26. Override/Underride ..... 0 27. Rear Turn Signal Color ..... 1

----- MEDIUM/HEAVY TRUCK AND BUS DATA -----

28. Cab Configuration ..... 0

----- Number of Axles -----

29. Power Unit ..... 0 30. First Trailer ..... 0-  
31. Second Trailer ..... 0 32. Third Trailer ..... 0

----- Length of Trailing Units -----

33. First Trailer ..... 0 34. Second Trailer ..... 0-  
35. Third Trailer ..... 0 36. Maximum Overall Width .... 000-  
37. Maximum Overall Length ... 000 38. Type of Brake Actuation .... 0

39. Gross Vehicle Weight Rating 0

----- DEFORMATION CLASSIFICATION -----

Highest Delta "V"

40. Event Number (this Vehicle) 1 41. Object Contacted ..... 02-  
42. Direction of Force ..... 12 43. Deformation Location ..... F-  
44. Specific Long/Lat Location . D 45. Specific Vert/Lat Location . E-  
46. Type of Damage Distribution W 47. Deformation Extent Guide .. 01-  
48. Event Number (in Accident) . 1

Second Highest Delta "V"

49. Event Number (this Vehicle) 50. Object Contacted .....  
51. Direction of Force ..... 52. Deformation Location .....  
53. Specific Long/Lat Location . 54. Specific Vert/Lat Location .  
55. Type of Damage Distribution 56. Deformation Extent Guide ..  
57. Event Number (in Accident) .

----- CRUSH PROFILE -----

Highest Delta "V"

58. L ..... 59. C1 .. 007 C2 .. 007 C3 .. 006 C4 .. 006 C5 .. 007 C6 .. 006 ..... 0060-  
60. +/- D ..... + 000

Second Highest Delta "V"

61. L ..... 62. C1 .. C2 .. C3 .. C4 .. C5 .. C6 ..  
63. +/- D ..

64. More Than Two CDC/TDC's .... 1 65. Special Use (this Trip) .... 0-  
66. Odometer Reading ..... 050- 67. Passenger Comp. Integrity .. 1-

----- FRONT OCCUPANT AREA INTRUSION -----

	Intruding Component	Magnitude of Intrusion
Driver Area:	Primary	68. 00
	Other	70. 00
Passenger Area:	Primary	72. 00
	Other	74. 00
		75. 00

76. Steering Column Separation . 1 / 77. Steering Rim Deformation ... 0  
78. Fire Occurrence ..... 0 /

----- Type of Most Severe Impact This Vehicle -----  
79. This Vehicle's Role ..... 1 / 80. Role of Other Vehicle ..... 3 /  
81. Rollover ..... 0 / 82. Jackknife ..... 0  
83. Hazardous Cargo ..... 0 /

----- VEHICLE WEIGHT ITEMS -----  
84. Vehicle Curb Weight ..... 023 / 85. Vehicle Cargo Weight .... 000  
86. Source of Cargo Weight ..... 0 /

----- RECONSTRUCTION RESULTS -----  
87. Basis for Total Delta "V" .. 1 / 88. Total Delta "V" ..... 24  
89. +/- Longitudinal Component of Delta "V" ..... - 24  
90. +/- Lateral Component of Delta "V" ..... + 00  
91. Energy Absorption ..... 0164

----- POLICE REPORT -----  
92. Reported Speed ..... 99 /

1. PSU: 83            2. Case #: 015B            3. Record #: 4 - DRIVER DATA  
4. Trans Code: 1        5. Version: 09.0        Accident Date : [REDACTED] /86

----- IDENTIFICATION -----

6. Investigator I.D. Number ... [REDACTED] 7. Vehicle Number ..... 01  
8. Number of Occupants ..... 02 9. Driver Presence ..... 1

----- DRIVER INTERVIEW -----

10. Months Exper. This Class .. 48 11. Estimated Mileage ..... 060  
12. Total Mileage All Vehicles 080 13. Driver Education ..... 0  
14. Time Since Last Training ... 0 15. Frequency Driving Road .... 5

----- TRUCK/BUS OPERATIONS -----

16. Type of Operation or Carrier 0 17. Federal Safety Regulated ... 0  
18. Driver's Classification .... 0

----- ACCIDENT PRE-CRASH INFORMATION -----

19. Accident Type ..... 28 20. Attempted Maneuver ..... 03

----- INVESTIGATOR DETERMINED -----

21. Driver Related Factors .... 98

----- OFFICIAL RECORDS -----

22. 1st Violation This Driver . 00 23. 2nd Violation This Driver . 00  
24. Reported Alcohol Presence .. 0 25. Alcohol Test Result ..... 96  
26. Driver License Status ..... 6 27. Driver License Type ..... 3  
28. Driver License Restrictions 0 29. Prev. Speeding Convictions . 0  
30. Prev. Moving Violations .... 0 31. Prev. Driving/Intoxicated .. 0  
32. Prev. Recorded Suspensions . 0 33. Prev. Recorded Accidents ... 0

----- ADMINISTRATIVE ITEMS -----

34. Federal Aid System ..... 2 35. Class Trafficway..... 2  
36. Roadway Function Class .... 02

----- ENVIRONMENTAL DATA -----

37. Number of Travel Lanes ..... 2 38. Lane Width ..... 12.2  
39. Median Type ..... 0 40. Median Width ..... 00  
41. Access Control ..... 3 42. Trafficway Flow ..... 0  
43. Left Shoulder Type ..... 2 44. Right Shoulder Type ..... 2  
45. Roadway Alignment ..... 1 46. Cross Slope ..... 2  
47. +/- Superelevation ..... 98 48. Degree of Curvature .... 00.0  
49. +/- Grade Measurement ... + 00 50. Roadway Profile ..... 1  
51. Roadway Surface Type ..... 2 52. Roadway Surface Condition .. 2  
53. Speed Limit ..... 55 54. Restriction of Roadway .... 0  
55. Traffic Control Device .... 91 56. Traffic Device Functioning . 6  
57. Designated Truck System .... 1

----- INVESTIGATOR DETERMINED -----

58. Environment Related Factors 22

1. PSU: 83 . 2. Case #: 015B 3. Record #: 5 - OCCUPANT DATA  
4. Trans Code: 1 5. Version: 09.0 Accident Date : [REDACTED]/86

----- IDENTIFICATION -----

6. Investigator I.D. Number ... [REDACTED] 7. Vehicle Number ..... 01  
8. Occupant Number ..... 01

----- OCCUPANT INTERVIEW -----

9. Occupant Age ..... 20 10. Occupant Sex ..... ♀  
11. Occupant Height ..... 73 12. Occupant Weight ..... 180  
13. Occupant Role ..... 1 14. Occupant Seat Position .... 01

----- INVESTIGATOR DETERMINED -----

15. Entrapment ..... 0 16. Ejection ..... 0  
17. Ejection Area ..... 0 18. Ejection Medium ..... 0  
19. Medium Status ..... 0

----- INTERVIEW AND OFFICIAL SOURCES -----

20. Treatment - Mortality ..... 4 21. Hospital Stay ..... 00 -  
22. Working Days Lost ..... 00

----- INVESTIGATOR DETERMINED -----

23. Child Restraint Make/Model 00 24. Type of Child Restraint .... Q  
25. Child Seat Orientation ..... 0 26. Child Restraint Use ..... 0  
27. Manual Restraint Available .. 3 28. Manual Restraint Use ..... 3  
29. Auto. Restraint Available .. 0 30. Auto. Restraint Function ... 0

----- INJURY CLASSIFICATION -----

OIC Body			System/ Organ		AIS Severity	Injury Source	Dir/Indir Injury	Source of Data
	Region	Aspect	Lesion					
1st	31.	0	32.	0	33.	0	34.	0
2nd	39.		40.		41.		42.	
3rd	47.		48.		49.		50.	
4th	55.		56.		57.		58.	
5th	63.		64.		65.		66.	
6th	71.		72.		73.		74.	

----- OFFICIAL RECORDS -----

79. Injury Severity ..... 1 80. Time to Death ..... 00

1. PSU: 83      2. Case #: 015B      3. Record #: 5 - OCCUPANT DATA  
4. Trans Code: 1      5. Version: 09.0      Accident Date: [REDACTED] /86

----- IDENTIFICATION -----

6. Investigator I.D. Number ..... [REDACTED] 7. Vehicle Number ..... 01-  
8. Occupant Number ..... 02

----- OCCUPANT INTERVIEW -----

9. Occupant Age ..... 20 10. Occupant Sex ..... 1  
11. Occupant Height ..... 69 12. Occupant Weight ..... 190  
13. Occupant Role ..... 2 14. Occupant Seat Position ..... 03

----- INVESTIGATOR DETERMINED -----

15. Entrapment ..... 0 16. Ejection ..... 0  
17. Ejection Area ..... 0 18. Ejection Medium ..... 0  
19. Medium Status ..... 0

----- INTERVIEW AND OFFICIAL SOURCES -----

20. Treatment - Mortality ..... 4 21. Hospital Stay ..... 00  
22. Working Days Lost ..... 00

----- INVESTIGATOR DETERMINED -----

23. Child Restraint Make/Model 00 24. Type of Child Restraint .... 0  
25. Child Seat Orientation ..... 0 26. Child Restraint Use ..... 0  
27. Manual Restraint Available .. 3 28. Manual Restraint Use ..... 3  
29. Auto. Restraint Available .. 0 30. Auto. Restraint Function ... 0

----- INJURY CLASSIFICATION -----

OIC Body Region	Aspect	Lesion	System/ Organ	AIS Severity	Injury Source	Dir/Indir Injury	Source of Data
1st	31. 0	32. 0	33. 0	34. 0	35. 0	36. 00	37. 0
2nd	39.	40.	41.	42.	43.	44.	45.
3rd	47.	48.	49.	50.	51.	52.	53.
4th	55.	56.	57.	58.	59.	60.	61.
5th	63.	64.	65.	66.	67.	68.	69.
6th	71.	72.	73.	74.	75.	76.	77.

----- OFFICIAL RECORDS -----

79. Injury Severity ..... 1 80. Time to Death ..... 00

1. PSU: 83      2. Case #: 015B      3. Record #: 3 - VEHICLE DATA  
4. Trans Code: 1      5. Version: 09.0      Accident Date: [REDACTED] /86

## **IDENTIFICATION**

6. Investigator I.D. Number ... ██████████ 7. Vehicle Number ..... 02  
8. Number of Occupant Forms .. 03 9. Vehicle Role ..... 2  
10. Manner of Leaving Scene .... 2 11. Hit and Run Involvement ... 0

## **EXTERIOR ITEMS**

Tire Condition: Axle, Tire, Condition

20. First Tire .....	2	4	3
21. Second Tire .....	0	0	0
22. Third Tire .....	0	0	0
23. Fourth Tire .....	0	0	0

### Type of Outside Mirror

24. Left ..... 1 25. Right ..... 1  
26. Override/Underride ..... 0 27. Rear Turn Signal Color ..... 2

## MEDIUM/HEAVY TRUCK AND BUS DATA

28. Cab Configuration ..... 0 / Number of Axles -----  
29. Power Unit ..... 0 / 30. First Trailer ..... 0 /

..... 0 — 32. third Tr.

Length of Trailing Units  
33. First Trailer ..... 0 34. Second Trailer ..... 0  
35. Third Trailer ..... 0 36. Maximum Overall Width ... 000  
37. Maximum Overall Length ... 000 38. Type of Brake Actuation ... D  
39. Gross Vehicle Weight Rating 0

## DEFORmATION CLASSIFICATION

----- Highest Delta "V" -----  
40. Event Number (this Vehicle) 1 / 41. Object Contacted ..... 01 /  
42. Direction of Force ..... 06 / 43. Deformation Location ..... B /  
44. Specific Long/Lat Location . D / 45. Specific Vert/Lat Location . E /  
46. Type of Damage Distribution W / 47. Deformation Extent Guide .. 06 /  
48. Event Number (in Accident) 1 /

Second Highest Delta: 111

49. Event Number (this Vehicle) 50. Object Contacted .....

51. Direction of Force ..... 52. Deformation Location .....

53. Specific Long/Lat Location . 54. Specific Vert/Lat Location ..

55. Type of Damage Distribution 56. Deformation Extent Guide ..

57. Event Number (in Accident) .

CRUSH PROFILE

#### Highest Delta "Y"

58. L ..... highest Delta V ..... 0061  
59. C1 .. 035 C2 .. 031 C3 .. 024 C4 .. 019 C5 .. 014 C6 .. 010  
60. +/- D ..... + .000

Second Highest Delta "V" =

61. L .....  
62. C1 .. C2 .. C3 .. C4 .. C5 .. C6 ..  
63. +/- D ..

64. More Than Two CDC/TDC's .... 1      65. Special Use (this Trip) .... 0—  
66. Odometer Reading ..... 053      67. Passenger Comp. Integrity - 7 -

----- FRONT OCCUPANT AREA INTRUSION -----

	Intruding Component	Magnitude of Intrusion
Driver Area:	Primary	68. 00
	Other	70. 00
Passenger Area:	Primary	72. 00
	Other	74. 00
		75. 0

76. Steering Column Separation . 1 / 77. Steering Rim Deformation ... 0  
78. Fire Occurrence ..... 0 /

----- Type of Most Severe Impact This Vehicle -----

79. This Vehicle's Role ..... 4 / 80. Role of Other Vehicle ..... 1 /  
81. Rollover ..... 0 / 82. Jackknife ..... 0 /  
83. Hazardous Cargo ..... 0 /

----- VEHICLE WEIGHT ITEMS -----

84. Vehicle Curb Weight ..... 020 / 85. Vehicle Cargo Weight ..... 000  
86. Source of Cargo Weight ..... 0 /

----- RECONSTRUCTION RESULTS -----

87. Basis for Total Delta "V" .. 1 / 88. Total Delta "V" ..... 27 /  
89. +/- Longitudinal Component of Delta "V" ..... + 26 /  
90. +/- Lateral Component of Delta "V" ..... - 07 /  
91. Energy Absorption ..... 1081 /

----- POLICE REPORT -----

92. Reported Speed ..... 05 /

1. PSU: 83      2. Case #: 015B      3. Record #: 4 - DRIVER DATA  
4. Trans Code: 1      5. Version: 09.0      Accident Date : 7/86

----- IDENTIFICATION -----

6. Investigator I.D. Number ... [REDACTED] 7. Vehicle Number ..... 02  
8. Number of Occupants ..... 03 9. Driver Presence ..... 1

----- DRIVER INTERVIEW -----

10. Months Exper. This Class .. 61 11. Estimated Mileage ..... 050  
12. Total Mileage All Vehicles 120 13. Driver Education ..... 0  
14. Time Since Last Training ... 0 15. Frequency Driving Road .... 3

----- TRUCK/BUS OPERATIONS -----

16. Type of Operation or Carrier 0 17. Federal Safety Regulated ... Q  
18. Driver's Classification .... 0

----- ACCIDENT PRE-CRASH INFORMATION -----

19. Accident Type ..... 30 20. Attempted Maneuver ..... 01

----- INVESTIGATOR DETERMINED -----

21. Driver Related Factors .... 01

----- OFFICIAL RECORDS -----

22. 1st Violation This Driver . 00 23. 2nd Violation This Driver . 00  
24. Reported Alcohol Presence .. 0 25. Alcohol Test Result ..... 96  
26. Driver License Status ..... 6 27. Driver License Type ..... 3  
28. Driver License Restrictions 0 29. Prev. Speeding Convictions . 0  
30. Prev. Moving Violations .... 0 31. Prev. Driving/Intoxicated .. 0  
32. Prev. Recorded Suspensions . 0 33. Prev. Recorded Accidents ... 0

----- ADMINISTRATIVE ITEMS -----

34. Federal Aid System ..... 2 35. Class Trafficway..... 2  
36. Roadway Function Class .... 02

----- ENVIRONMENTAL DATA -----

37. Number of Travel Lanes .... 2 38. Lane Width ..... 12.2  
39. Median Type ..... 0 40. Median Width ..... 00  
41. Access Control ..... 3 42. Trafficway Flow ..... 0  
43. Left Shoulder Type ..... 2 44. Right Shoulder Type ..... 2  
45. Roadway Alignment ..... 1 46. Cross Slope ..... 2  
47. +/- Superelevation ..... 98 48. Degree of Curvature ..... 00.0  
49. +/- Grade Measurement ... + 00 50. Roadway Profile ..... 1  
51. Roadway Surface Type ..... 2 52. Roadway Surface Condition .. 2  
53. Speed Limit ..... 55 54. Restriction of Roadway .... 0  
55. Traffic Control Device .... 91 56. Traffic Device Functioning . 6  
57. Designated Truck System .... 1

----- INVESTIGATOR DETERMINED -----

58. Environment Related Factors 22

1. PSU: 83      2. Case #: 015B      3. Record #: 5 - OCCUPANT DATA  
4. Trans Code: 1      5. Version: 09.0      Accident Date : [REDACTED]/86

----- IDENTIFICATION -----

6. Investigator I.D. Number ... [REDACTED] 7. Vehicle Number ..... 02  
8. Occupant Number ..... 01

----- OCCUPANT INTERVIEW -----

9. Occupant Age ..... 37 10. Occupant Sex ..... 2  
11. Occupant Height ..... 64 12. Occupant Weight ..... 180  
13. Occupant Role ..... 1 14. Occupant Seat Position .... 01

----- INVESTIGATOR DETERMINED -----

15. Entrapment ..... 0 16. Ejection ..... 0  
17. Ejection Area ..... 0 18. Ejection Medium ..... 0  
19. Medium Status ..... 0

----- INTERVIEW AND OFFICIAL SOURCES -----

20. Treatment - Mortality ..... 4 21. Hospital Stay ..... 00  
22. Working Days Lost ..... 02

----- INVESTIGATOR DETERMINED -----

23. Child Restraint Make/Model 00 24. Type of Child Restraint .... 0  
25. Child Seat Orientation ..... 0 26. Child Restraint Use ..... 0  
27. Manual Restraint Available .. 3 28. Manual Restraint Use ..... 0  
29. Auto. Restraint Available .. 0 30. Auto. Restraint Function ... 0

----- INJURY CLASSIFICATION -----

OIC Body Region	Aspect	Lesion	System/ Organ	AIS Severity	Injury Source	Dir/Indir Injury	Source of Data
1st	31. H	32. P	33. L	34. I	35. 1	36. 18	37. 1 38. 03
2nd	39. H	40. P	41. C	42. I	43. 1	44. 18	45. 1 46. 03
3rd	47. W	48. U	49. L	50. I	51. 1	52. 97	53. 7 54. 03
4th	55. U	56. U	57. A	58. I	59. 1	60. 97	61. 7 62. 03
5th	63. F	64. C	65. L	66. I	67. 1	68. 97	69. 7 70. 07
6th	71. F	72. W	73. L	74. I	75. 1	76. 97	77. 7 78. 07

----- OFFICIAL RECORDS -----

79. Injury Severity ..... 2      80. Time to Death ..... 00

## ERROR MESSAGE

LEVEL REF#

If BODY TYPE (V17) equals 01-06  
 and MODEL YEAR (V12) is greater than 67 but not 99  
 and OCCUPANT SEAT POSITION (014) equals 02 or 04-06, then  
 MANUAL RESTRAINT AVAILABILITY (027) should equal 2 or 5-8.

2 DV11

1. PSU: 83      2. Case #: 015B      3. Record #: 5 - OCCUPANT DATA  
 4. Trans Code: 1      5. Version: 09.0      Accident Date : [REDACTED] /86

## ----- IDENTIFICATION -----

6. Investigator I.D. Number ... [REDACTED] 7. Vehicle Number ..... 02  
 8. Occupant Number ..... 02

## ----- OCCUPANT INTERVIEW -----

9. Occupant Age ..... 09 10. Occupant Sex ..... 1  
 11. Occupant Height ..... 54 12. Occupant Weight ..... 070  
 13. Occupant Role ..... 2 \*14. Occupant Seat Position .... 02

## ----- INVESTIGATOR DETERMINED -----

15. Entrapment ..... 0 16. Ejection ..... 1  
 17. Ejection Area ..... 6 18. Ejection Medium ..... 3  
 19. Medium Status ..... 2

## ----- INTERVIEW AND OFFICIAL SOURCES -----

20. Treatment - Mortality ..... 3 21. Hospital Stay ..... 01  
 22. Working Days Lost ..... 97

## ----- INVESTIGATOR DETERMINED -----

23. Child Restraint Make/Model 00 24. Type of Child Restraint .... 0  
 25. Child Seat Orientation ..... 0 26. Child Restraint Use ..... 0  
 \*27. Manual Restraint Available . 0 28. Manual Restraint Use ..... 0  
 29. Auto. Restraint Available .. 0 30. Auto. Restraint Function ... 0

## ----- INJURY CLASSIFICATION -----

OIC Body Region	System/Aspect	AIS Lesion	Injury Organ	Severity	Dir/Indir Source	Injury	Source of Data
-----------------	---------------	------------	--------------	----------	------------------	--------	----------------

1st	31. H	32. W	33. K	34. B	35. 2	36. 97	37. 7	38. 02
2nd	39. H	40. U	41. C	42. I	43. 1	44. 97	45. 7	46. 02
3rd	47. F	48. R	49. L	50. I	51. 1	52. 97	53. 7	54. 02
4th	55. O	56. O	57. O	58. O	59. O	60. 00	61. 0	62. 00
5th	63.	64.	65.	66.	67.	68.	69.	70.
6th	71.	72.	73.	74.	75.	76.	77.	78.

## ----- OFFICIAL RECORDS -----

79. Injury Severity ..... 3 80. Time to Death ..... 00

1. PSU: 83      2. Case #: 015B      3. Record #: 5 - OCCUPANT DATA  
4. Trans Code: 1      5. Version: 09.0      Accident Date : [REDACTED] /86

----- IDENTIFICATION -----

6. Investigator I.D. Number ... [REDACTED] 7. Vehicle Number ..... 02  
8. Occupant Number ..... 03

----- OCCUPANT INTERVIEW -----

9. Occupant Age ..... 09      10. Occupant Sex ..... 1  
11. Occupant Height ..... 54      12. Occupant Weight ..... 070  
13. Occupant Role ..... 2      14. Occupant Seat Position .... 03

----- INVESTIGATOR DETERMINED -----

15. Entrapment ..... 0      16. Ejection ..... 1  
17. Ejection Area ..... 6      18. Ejection Medium ..... 3  
19. Medium Status ..... 2

----- INTERVIEW AND OFFICIAL SOURCES -----

20. Treatment - Mortality ..... 4      21. Hospital Stay ..... 00  
22. Working Days Lost ..... 97

----- INVESTIGATOR DETERMINED -----

23. Child Restraint Make/Model 00      24. Type of Child Restraint .... Q  
25. Child Seat Orientation ..... 0      26. Child Restraint Use ..... Q  
27. Manual Restraint Available . 3      28. Manual Restraint Use ..... Q  
29. Auto. Restraint Available .. 0      30. Auto. Restraint Function ... Q

----- INJURY CLASSIFICATION -----

OIC Body Region	Aspect	Lesion	System/ Organ	AIS Severity	Injury Source	Dir/Indir Injury	Source of Data
1st	31. F	32. I	33. F	34. S	35. 1	36. 97	37. 7
2nd	39. F	40. I	41. L	42. I	43. 1	44. 97	45. 7
3rd	47. F	48. S	49. L	50. I	51. 1	52. 97	53. 7
4th	55. O	56. O	57. O	58. O	59. 0	60. 00	61. 0
5th	63.	64.	65.	66.	67.	68.	69.
6th	71.	72.	73.	74.	75.	76.	77.
							78.

----- OFFICIAL RECORDS -----

79. Injury Severity ..... 1      80. Time to Death ..... 00





PSU83-015B (1986) #1



PSU 83-015B (1986) #2



PSU 83-015B (1986) #3



PSU 83-0158 (1986) #4



PSU 83-015B (1986) #5



PSU 83-015B (1986) #6



PSU 83-015B (1988) #7



PSU 83-015B (1988) #8



PSU 83-015B (1986) #9



PSU 63-015B (1986) #10



PSU 83-0158 (1986) #11



PSU 83-015B (1986) #12



PSU 83-015B (1986) #13



PSU 83-015B (1986) #14



PSU 83-015B (1986) #15



PSU 83-015B (1986) #16



PSU 83-015B (1986) #17



PSU 83-015B (1986) #18



PSU 83-015B (1986) #19



PSU 83-015B (1986) #20  
Best Available



PSU 83-015B (1986) #21



PSU83-0158 (1986) #22



PSU 83-015B (1988) #23



PSU 83-015B (1986) #24



PSU 83-015B (1986) #25



PSU 83-015B (1986) #26



PSU 83-015B (1988) #27  
Best Available



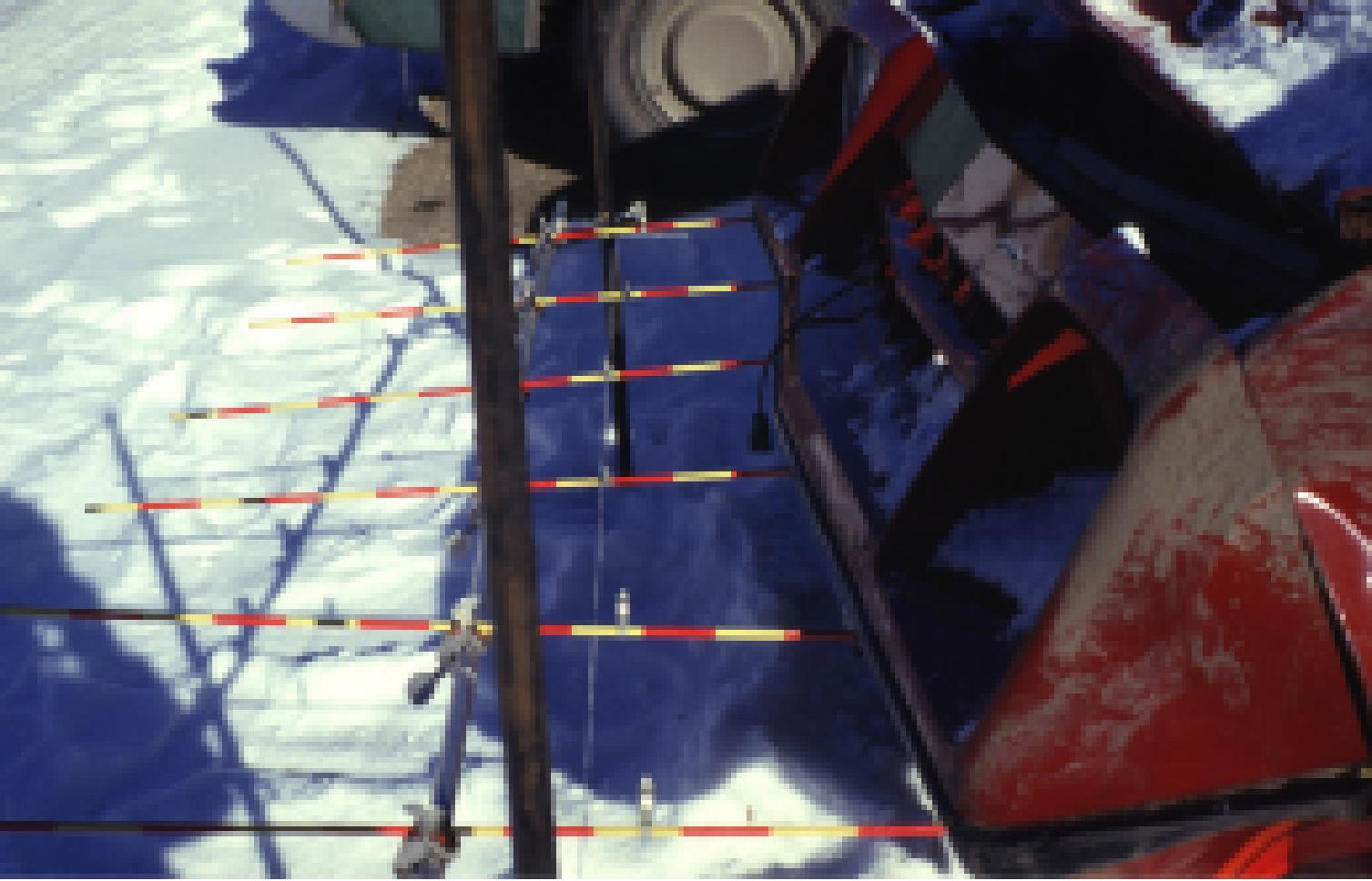
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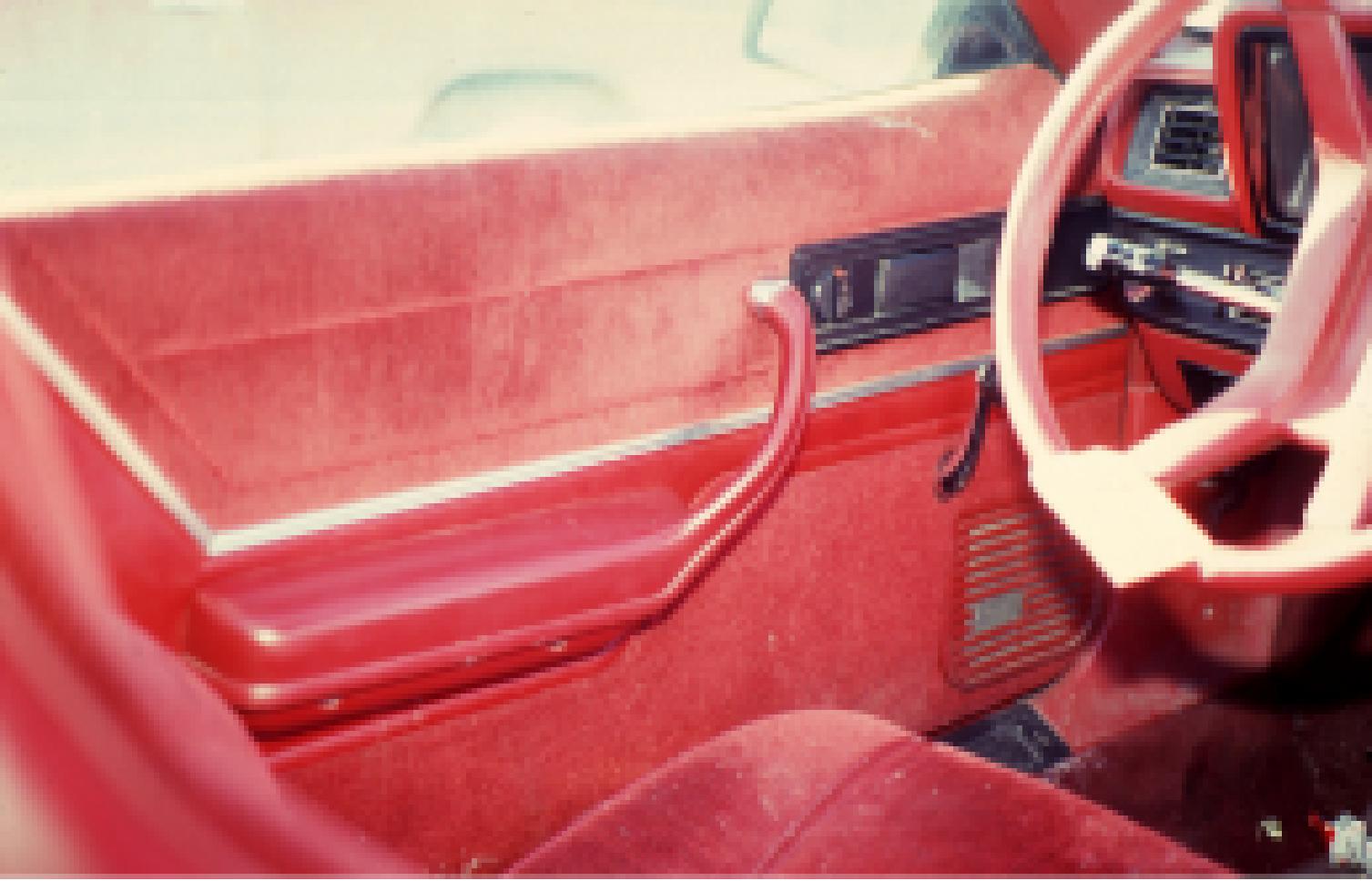
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PSU 83-015B (1986) #31



PSU 83-015B (1988) #32



PSU 83-0158 (1986) #33



PSU 83-015B (1986) #34  
Best Available



PSU 83-015B (1988) #35



PSU 83-015B (1986) #36



PSU 89-015B (1988) #37



PSU 83-0158 (1986) #38  
Best Available



PSU 83-015B (1988) #39  
Best Available



PSU 83-015B (1986) #40

PSU 83-015B (1986) #41



PSU 83-0158 (1986) #42



PSU83-015B (1986) #43



PSU 80-015B (1988) #44



PSU 83-0158 (1988) #45



PSU 83-015B (1986) #46



PSU 83-015B (1986) #47



PSU 83-015B (1986) #48



PSU 83-015B (1986) #49



PSU 83-015B (1986) #50  
Best Available



PSU 83-015B (1986) #51



PSU 83-015B (1986) #52



PSU 83-015B (1986) #53  
Best Available



PSU 83-015B (1986) #54



PSU 83-015B (1986) #55



PSU 83-015B (1986) #56



PSU 83-0158 (1986) #57



PSU 83-015B (1986) #58



PSU 83-015B (1988) #59



**PSU 83-015B (1986) #60**  
**Best Available**



PSU 83-015B (1986) #61



PSU 83-015B (1986) #62



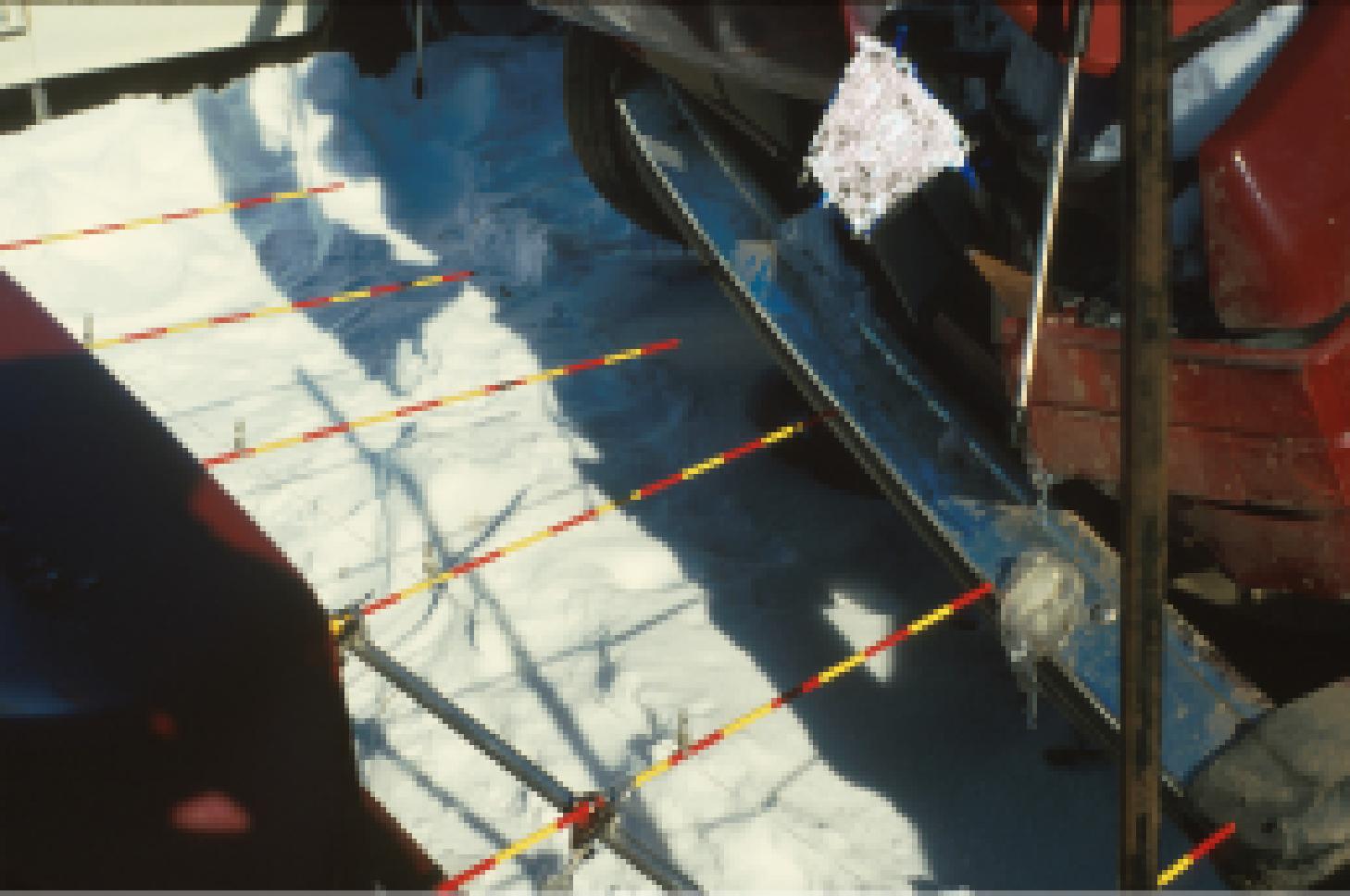
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PSU 83-015B (1986) #65



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PSU 03-015B (1986) #87



PSU 83-0158 (1986) #68



PSU 83-0158 (1986) #89



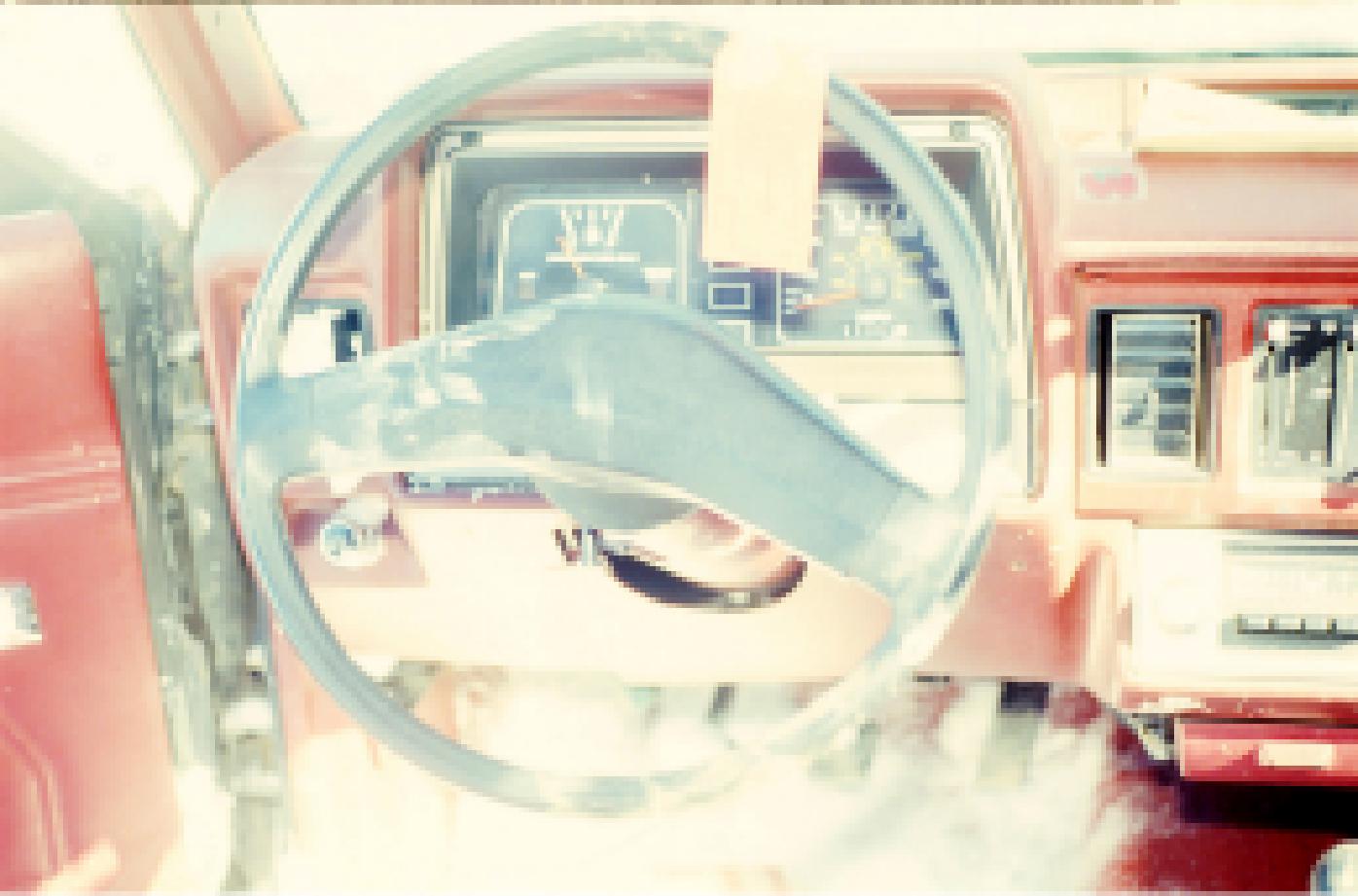
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PSU 83-015B (1986) #71



PSU 83-0158 (1986) #72  
Best Available



PSU 83-0158 (1986) #73  
Best Available



PSU 83-015B (1988) #74

Best Available



PSU 83-015B (1986) #75  
Best Available



PSU83-015B(1986) #76



PSU 83-015B (1988) #77  
Best Available



PSU 83-015B (1986) #78  
Best Available



PSU 83-015B (1988) #79  
Best Available



**PSU 83-015B (1986) #80**  
**Best Available**